

## Child and Family Services Plan (CFSP) Final Report

### Child and Family Services Plan (CFSP) for FY 2010-2014 Annual Progress and Services Report (APSR) FY 2009

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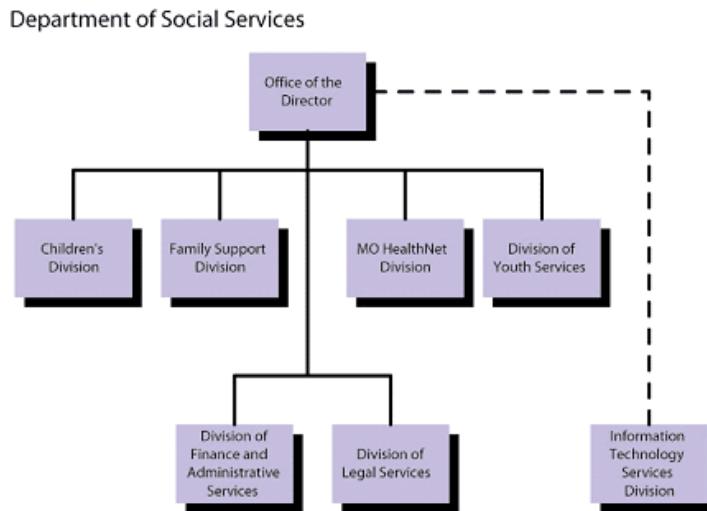
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Children's Division

## CFSP Overview

### 1. Organizational Overview

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services to ensure the safety, permanency and well-being of children and families. These services are administered statewide within a centralized organizational framework.



### Description of Department of Social Services Centralized Structure

Within the Office of the Director, three programs exist under its purview. They are:

- Human Resource Center
  - Monitor job vacancies, create and maintain job classifications, oversee application process and employee benefits
- Research and Evaluation Unit
  - Provide monthly, quarterly and annual reports.
- State Technical Assistance Team (STAT)
  - Missouri Child Fatality Review Program
  - Multidisciplinary child maltreatment investigation teams
  - Omni-source of information for the entire multidisciplinary community of professionals dealing with child maltreatment and child maltreatment, child exploitation and child fatality events

Within the Department of Social Services, there are four Program Divisions:

- Children's Division
  - Oversees a 24 hour child abuse and neglect hotline
  - Investigations child maltreatment reports
  - Provides foster care services for maltreated children
  - Provides preventive services to at-risk families
  - Provides intensive family supports for at-risk families
  - Assists with children finding permanency with adoption and guardian services
- Family Support Division
  - Oversees food stamp program
  - Child Support Enforcement

- Temporary Assistance for Needy Families
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- Eligibility Determination for MO HealthNet and MO HealthNet for Kids
- MOHealthNet Division
  - Purchases and monitors health care services for low income and vulnerable citizens
- Division of Youth Services
  - Care and treatment of delinquent youth
    - Includes assessment, treatment and education

*Children's Division's Geographical Structure*

Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional Director. In the urban areas, the Regional Director and the Circuit Manager's position are held by the same person. Missouri's five regions are: St. Louis City, St. Louis County, Jackson County, Southern Region (East and West) and the Northern Region (East and West).

**2. Summary of Plan**

Missouri's Child and Family Services Plan (CFSP) is separated into ten sections; overview, annual progress, five year progress, five year plan, CAPTA plan (past and future), Chafee (past and future), financial, statistical and supporting information and other PI requirements. Within the annual progress and five year plan, our responses are connected to the Children's Division's (CD) guiding principles. These guiding principles provide structure and meaning to our overall vision and mission. By spotlighting the guiding principles, our staff remain focus on elements needed to carry out our mission. The six guiding principles are:

**Protection**

Children have a right to be safe and live free from abuse and neglect.

**Permanency**

Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

**Partnership**

Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children - only through working together can better outcomes be achieved.

**Practice**

The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

**Prevention**

Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

**Professionalism**

Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

**3. Integration into the Child and Family Services Review Process**

Missouri is in the beginning stages of the second round of the Children and Family Service Review (CFSR) process with the on-site review scheduled for June 7-11, 2010. Missouri began the statewide assessment process by requiring all circuits to self-evaluate and produce a Readiness Assessment, followed by an improvement plan. The readiness assessments are similar to the federal requirements and will provide substantial information for Missouri's statewide assessment. Following the readiness assessment, each circuit developed a program improvement plan focusing on two or three improvement areas in either practice or service delivery processes. Through the development of both the readiness assessments and local program improvement plans, stakeholders were invited to participate. Some circuits have completed all actions steps in their original program improvement plans and have moved on to sequential plans.

Being able to connect the Guiding Principles to the CFSR elements will be beneficial for the statewide assessment writing process and preparation for the federal on-site case reviews. By further connecting the CFSR and the Child and Family Service Plan (CFSP), additional benefits will result. Here is a partial list of overarching connections between the principles and the CFSR/CFSP elements:

Missouri's Guiding Principle	Statewide Assessment	On-Site Review Instrument	Children and Family Service Plan
<b>Permanency</b>	Section III, B, Items 5-10	Permanency I, Items 5-10	Chafee Plan
	Sec IV, B, Case Review System		Accomplishments towards goal and objectives

	Sec IV, E, Service Array		Continuum of services
	Sec IV, G, Foster and Adoptive Home Licensing		Title IV B Subpart 2, Family preservation, family support services
	QA System		Chafee Plan
	Sec II, Safety and Permanency Data		
<b>Protection</b>	Sec II, Safety and Permanency Data	Safety 1 Items 1 & 2	Descriptor of Child Abuse and Neglect programs
	Sec IV, F, Agency Responsiveness to Community	Safety 2 Items 3 & 4	CAPTA plan Accomplishments towards goals and objectives> State Citizens Review Panels
<b>Professionalism</b>	Sec IV, D, Staff and Provider Training	Stakeholder Interviews	Title IV-B / Title IV-E Training descriptors
<b>Prevention</b>	Section III, C, Child and Family Well-Being	Safety 2, Items 3 & 4	Promoting Safe and Stable Families Family Preservation Family Support and Time Limited Reunification
	Sec IV, E, Service Array	Well Being I, 2, 3	Continuum of Services Research / Evaluation
<b>Practice</b>	Sec III, A, Safety	Safety I &	Service Description
	Sec III, B, Permanency	Permanency 1 & 2	Monthly Caseworker Visits
	Sec III, C, Child and Family Well Being	Well Being 1, 2 & 3	Adoption Incentives
	Sec IV, A, Statewide Information System	Stakeholder Interviews	
	Sec IV, B Case Review System		
	Sec IV, C, Quality Assurance System		
	Sec IV, E Service Array and Resource Development		
	Sec IV, G, Foster and Adoptive Home Licensing		
<b>Partnerships</b>	CFSR Advisory Committee	Stakeholder Interviews	Citizens Review Panels
	Sec IV, F, Agency Responsiveness to Community		

While the Child and Family Service plan lays out the state's vision and implementation plan for their Child Welfare programs, the Child and Family Services Review is the manner in which monitoring of the programs can occur. In addition, the on-site review measures the state's compliance with federal requirements. Both processes require setting goals and objectives relating to safety, permanency, well-being and engagement of stakeholders in assessment and planning processes. Therefore, connecting the elements of these processes together send a clear and concise message to Children Division's staff, hopefully avoiding confusion of having multiple processes. These connections and focus should be advantageous in the second round of the Child and Family Services review.

#### 4. State Legislation Impacting Child Welfare

**House Bill 481**

This bill requires the Coordinating Board of Higher Education to make provisions for institutions under the board's jurisdiction to award a tuition and fee waiver for undergraduate courses at state universities and colleges for Missouri residents who have been in state custody and meet certain requirements.

#### **Senate Bill 291**

This bill has changed the compulsory school attendance age requirement from 16 to 17 or 16 credit hours toward graduation and establishes the Foster Care Bill of Rights which requires each school district to designate an educational liaison. In addition, foster care pupils have a right to remain enrolled in their school of origin or to return to a previous school. Lastly, a foster care child will not be penalized for absences resulting from required court appearances or court-related activities.

#### **House Bill 154**

When it is deemed necessary for a child to enter foster care, the Children's Division must make concerted efforts to identify and contact the child's grandparents. If contact cannot be made within the three hours, the child may be placed in a foster care setting. However, we must document just cause for the non-placement.

### **5. Federal Legislation Impacting Child Welfare**

#### **Highlights of Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893)**

- a. Promotes permanent families for children and youth through relative guardianship and allows kinship guardianship payments to be paid from IV-E funds. Allows children who leave foster care after age 16 for kinship guardianship (or adoption) to be eligible for independent living services and education and training vouchers. (Missouri Reference: Memo CD09-28)
- b. Authorizes a new grant program for activities designed to connect children in foster care with family through kinship navigator programs, intensive family-finding efforts, and family group decision-making meetings for children in the child welfare system.
- c. Requires state agencies to exercise diligence to identify and provide notice to all adult relatives of a child within 30 days after the child is removed from the parent(s).
- d. Allows waivers of non-safety licensing standards on a case by case basis in order to eliminate barriers to placing children with relatives and requires background checks including fingerprints on all relative guardians.
- e. Allows states to provide care and support to youth in foster care as well as adoption and guardianship subsidy until the age of 19, 20 or 21 provided that the youth is either completing high school or an equivalency program; enrolled in post-secondary or vocational school; participating in a program or activity designed to promote, or remove barriers to employment; employed at least 80 hours per month or incapable of doing any of these activities due to a medical condition.
- f. Requires child welfare agencies to help youth develop a transition plan during the 90-day period immediately before a youth exits from care at 18, 19, 20 or 21. The plan must be as detailed as the youth chooses and include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, work force supports and employment services.
- g. Expands the availability of federal Title IV-E training dollars to cover training of staff not only in public agencies but in private child welfare agencies, court personnel, attorneys, Guardians ad litem and CASAs.
- h. Promotes educational stability by requiring state child welfare agencies to improve educational stability for children in foster care.
- i. Requires states to develop, in coordination and collaboration with the state Medicaid agency, a plan for the ongoing oversight and coordination of health care services for any child in foster care.
- j. Requires states to make reasonable efforts to place siblings in the same placement or if it is contrary for the siblings to be placed together the state must provide frequent visitation or other ongoing interaction between the siblings unless doing so would be contrary to the safety or well-being of any of the siblings.
- k. Extends the Adoption Incentive Grant Program for an additional five years.
- l. De-links a child's eligibility for IV-E adoption assistance payments from the outdated AFDC income requirements which will ultimately increase the number of children whose adoption subsidy will be federally funded. Phases in over nine years.

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07/02/09

#### **About DSS**

Office of the Director  
DSS Divisions  
Caseload Counter & Reports

#### **Additional Resources**

2-1-1 Missouri, United Way  
Influenza Information  
The Missouri Health Connection

#### **Useful Links**

Tough Times? Need Help?  
Report Fraud  
Energy Assistance

#### **Connect with us**



Children's Division

## Annual Progress of Child Welfare Continuum of Services

This section describes programs and services which support a continuum of services within Missouri's Child Welfare arena. Each program write-up provides, when applicable, supporting change evidence from the past year's Annual Service Plan Review (ASPR). Regardless if programs are served by public or private entities, Missouri strives for a seamless transitioning process from one program to another. Strong partnerships assist in the transitioning process.

The primary purpose of the Child and Family Services Plan (CFSP) is to review the integration of programs serving children and families and to make sure the continuum of services is adequate to meet the needs of those served. From the local level to the state, messages are proclaimed robustly and continually that everyone must work together to help families in need. From prevention, protection and permanency, Missouri Children's Division strives to continually evaluate our programs and services to advance the quality of our overall child welfare system.

Attachment A is an at-a-glance look of Missouri's child welfare case management flow.

### 1. Protection

Child Protective Services (CPS) is a program mandated for the protection of children alleged to be abused and neglected. This program provides specialized services seeking to prevent abuse and neglect of children. The CPS program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions which support or refute the alleged abuse or neglect and need for emergency intervention.

The purposes of Missouri's CPS program are:

- To protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect
- To assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm
- To provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect
- To promote the well being of the child in his or her home setting, wherever possible, or in another safe and stable placement

This program provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. It provides an array of services including:

- operating a single, statewide toll-free telephone number for receiving child abuse/neglect (CA/N) reports
- conducting CA/N investigations, family assessments and preventive services screenings
- providing newborn crisis assessment and services
- providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies
- Healthy Children and Youth Program
- preventive and protective child care services
- Family-Centered Services

### ***Child Abuse and Neglect Hotline Unit***

The Missouri statute specifically charges the Children's Division (CD) with the responsibility of operating a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). All hotline calls are screened, assessed, and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators.

Hotline workers use a structured-decision-making Protocol tool for conducting interviews, designed to assure for consistency and objectivity. This screening tool incorporates decision trees for classifying response time (3 hour, 24 hour, or 72 hour) and track assignment (investigation or family assessment track) on CA/N reports.

The hotline received 126,825 calls in 2008. Administrative functions accounted for 20,994 calls; of the remaining 105,831 calls, 52% were classified as CA/N reports, 33% as non-CA/N referrals (for appropriate CD intervention or referral to another agency), and 15% as "documented" calls that were not forwarded to a CD field office.

Hotline calls in 2007 were comparable with a total of 131,060 calls. Administrative functions accounted for 23,175 calls; of the remaining 107,885 calls, 54% were classified as CA/N reports, 31% as referrals, and 15% as "documented" calls.

The hotline automated system is SACWIS compliant and was designed for simultaneous data entry of call information during the telephone interview.

The hotline utilizes Call Management System technology to provide optimum coverage and customer service. Real-time call data is continuously available to both workers and supervisors. During 2008, hotline staff answered 94 % of calls offered and gave an average of 314 busy signals per month. During 2007, hotline staff answered 93% of calls offered and gave an average of 226 busy signals per month.

In 2008, the outcomes of 5244 hotline peer record reviews, confirmed that hotline workers continue to make accurate and consistent call classifications. Results on six measures listed below ranged from 98%-100% accuracy for calendar year 2008.

2008 CANHU PRR Results	Q1	Q2	Q3	Q4	Year
Was the answer to ENTRY question #11 (type of abuse and neglect) summarized clearly?	99%	99%	99%	100%	99%
Were all correct PATHWAYS chosen based on the answer to ENTRY question #11 (type of abuse and neglect)?	99%	98%	99%	99%	98%
Was the call correctly classified as a CA/N Report?	98%	99%	99%	99%	99%
Was the correct Response Priority chosen (3,24, or 72 hour)?	99%	99%	98%	98%	99%
Was the correct Track assignment chosen (investigation or Assessment)?	97%	98%	97%	98%	98%
Was the county of assignment correct?	100%	100%	100%	100%	100%
Total number of records reviewed each qtr/year	1244	1477	1188	1335	5244

### **Child Abuse/Neglect Reports**

During CY08, there were 54,932 Child Abuse/Neglect incident reports. This is a 3.6 percent increase of 1,948 reports from CY07. More telling is the 75,781 children reported during CY 08, an increase of 12,498 children (19.7 percent) from CY 07. This indicates that reports called in during FY08 involved 53.08 children per thousand statewide.

In CY08, 6,732 children were found to be victims of child abuse/neglect by a preponderance of the evidence. Neglect was determined for 45.9 percent of these children. Physical abuse was determined in 25.0 percent. Sexual maltreatment was determined in 22.9 percent. Emotional abuse was determined in 4.9 percent. These numbers reflect only a slight change from CY07, the most significant being for neglect victims, which decreased by 1.2 percent.

In CY08, 62.7 percent of children with substantiated CA/N reports were abused and or neglected by one or both (biological/adoptive) parents. Stepparents, grandparents, siblings, or other relatives were responsible for 28.0 percent of these cases, which accounts for an 11 percent increase to CY07. Approximately .04 percent, the perpetrators were of an unknown relationship to the child, which indicates a 3.6 percent decrease in establishing a finding of abuse/neglect without being able to determine the relationship of the victim child to the perpetrator.

The National Standard for CA/N recidivism during the first round of the Child and Family Services Reviews (CFSR) was 6.1 percent or less. Missouri's performance at the time of the CSFR was 8.3 percent. The CD improved performance for this measure and successfully exited the Program Improvement Plan (PIP) in March 2008. For CY 2008, our internal measurement for this standard is 4.10 percent.

The National Standard for children in foster care to remain free from being involved in an abuse or neglect incidences in 99.68% of all cases in a 12 month period. The CD exceeded this benchmark with 99.74% of all youth in care being free from involvement in CA/N incidences in foster care during CY 08.

These two Standards are discussed in more depth in the Five Year Progress section.

### **Child Abuse and Neglect Investigations/Family Assessments**

In CY08, 52 percent of the calls received at the child abuse/neglect hotline unit met statutory requirements for child abuse and neglect reports, and were assigned to an investigation or family assessment track for follow up.

In CY08, approximately 42.8 percent of CA/N reports were completed as Investigations. Of those, approximately 8.2 percent were substantiated

and about 28.7 percent were unsubstantiated. Preventive services were indicated in 5.9 percent of the unsubstantiated findings. While the rate of substantiated cases decreased by approximately .08 percent, there was a decrease of nearly 5.3 percent for unsubstantiated reports, and a nominal change of .02 percent decrease of preventive services indicated from CY07. This difference is believed to be attributed to changes stemming from the higher evidentiary standard of proof required in order to substantiate reports. The CD, in collaboration with the DSS, Division of Legal Services, the Children's Division provided state-wide training for management and staff during CY07-CY09 on the Preponderance of Evidence Standard of Proof. In addition, a second level administrative review process was reinitiated which allowed a second level of review by management staff of substantiated cases.

In CY08, 51.7 percent of CA/N reports were conducted as Family Assessments. The CD is monitoring possible trend changes between investigations and family assessments, as there appears to be a slow and steady decline in the variance between the two tracks at report conclusion.

Field staff are reporting improved ability to identify reports and referrals as duplicates, which could potentially be impacting data submissions.

Miscellaneous determinations account for 5.6 percent of the CA/N reports, and include Unable to Locate; Inappropriate Report; Located out of State; and Home Schooling. This is a nominal change from CY06.

The CD continues to focus attention and resources on its core functions. Investigations and assessments for CA/N remain a top priority for the Division. Technical assistance was provided to local offices by central office staff to assist and support investigation and family assessment duties during periods of staff and/or supervisor shortages, and to ensure timely completion of reports. Significant improvements were made in timely completion of CA/N reports during CY07-CY08.

During CY07, the Missouri Supreme Court handed down a decision (Jamison Decision, March 2007) addressing the constitutionality of the Division's child abuse and neglect determinations, the Child Abuse and Neglect Review Board (CANRB) hearing process, and the issue of whether proper due process is afforded to individuals alleged to have committed child abuse or neglect. Policy, practice and form changes implemented during CY06 continued during CY08 requiring individuals who were determined by the agency to be perpetrators of child abuse and neglect (based on a preponderance of evidence standard of proof) have their names withheld from the central registry until either their appeal request period had expired or the agency's finding was upheld through the appeal process. The letter mailed after the finding has been made informs the perpetrator of their right to request an appeal and explains the process and timeframe for doing so. Additionally, the information system was modified to accommodate this requirement by reflecting the appeal time and request for appeal status before a final conclusion is entered.

#### ***Non-CA/N Referrals (Preventive Services)***

While 54 percent of the child abuse/neglect hotline calls received met statutory requirements for child abuse and neglect reports, another 33 percent calls did not, but were accepted as non-CA/N referrals (34,635). These calls of concern included Mandated Reporter Referrals, Non-Caretaker Referrals, Newborn Crisis Assessment Referrals, Preventive Services Referrals and Non-CA/N Fatalities. Approximately one-fourth of these referrals were forwarded for Preventive Services, consistent with the previous two years.

The CD continues to work on collaboration issues with other community responders related to non-caretaker referrals. Presently, no policy or practice changes have been implemented by the CD, however, it is anticipated the juvenile offices and law enforcement agencies will be assuming primary accountability for investigating reports screened out by the CD due to lack of care, custody, and control by the alleged perpetrator. However, the CD will continue to provide preventive services and supports to families with safety planning related to the offending behaviors in non-caretaker referrals when they involve children.

#### ***Newborn Crisis Assessment and Services***

Pursuant to Chapter 191 RSMo, the division must respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital and may be sent home to a potentially dangerous situation. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. Non-drug involved referrals are accepted until the child is one year of age.

The process of how the family is contacted, assessed, and referred for services to the local DHSS/Special Health Care Needs (SHCN) Regional Office remains unchanged. During CY08 2,805 calls were screened at the CA/N Hotline as Newborn Crisis Assessments. In CY07, 2,774 calls were screened as Newborn Crisis Assessments compared to 2,704 in CY06 and 2,539 in CY05. These numbers vary slightly from the previous APSR updates due the FACES conversion and a more accurate screening process and classification of these reports.

#### ***Background Screening and Investigation Unit***

The Background Screening and Investigation Unit (BSIU) continue to conduct background checks for Missouri employers for their current or prospective employees/volunteers who have responsibility for child care/supervision. These checks assist the employers in assessing if the employee is an appropriate child caretaker. The checks may also be requested by parents/legal guardians for prospective child care providers for their children. During 2008, BSIU processed 117,970 screenings, a nominal increase from 113,473 in 2007.

An on-line background screening system was implemented in August 2008. This new system allows background screenings requestors to input identifying information into an electronic application form. The on-line screening procedure has significantly improved response time, and in many cases the screening results are received by the next working day.

#### ***Child Advocacy Center (CAC)***

Child Assessment Centers (CACs) are a safe and neutral place where children can go to ensure they receive specialized forensic, medical and therapeutic services necessary to treat the effects of physical, emotional and psychological trauma caused by abuse. CACs provide a safe place where law enforcement, prosecutors and Children's Division's investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. CACs in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has fifteen regional advocacy centers with the main offices located in: St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Sullivan and Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson West. Satellite offices are also located in: Nevada, Pierce City, Poplar Bluff, Ellington, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 24 locations around the State.

All Centers in Missouri are accredited by the National Children's Alliance. Centers go through an extensive accreditation process which requires that Centers meet eleven areas of criteria for providing services. All Centers are reaccredited every five years. In calendar year 2008, Child Advocacy Centers provided full forensic services to 5,859 children. Child Advocacy Centers provide a child friendly facility bringing together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. Child Advocacy Centers also provide access to full forensic medical examinations by specially trained medical professionals.

#### ***Sexual Assault Forensic Examination (SAFE)-Child Abuse Resource and Education (CARE) Network***

In SFY 08, SAFE-CARE exams were conducted by 91 participating providers and a total of 2,713 exams were completed. SAFE-CARE exams are at times conducted at the physician's medical office; however, they are also completed at Child Advocacy Centers (CAC). The SAFE-CARE exam process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY 08, the SAFE-CARE Network received \$291,000 in state funding to enhance the statewide medical response to child maltreatment. Through a contract with Missouri KidsFirst, this funding was utilized in the development of three Resource Centers, a part-time Medical Director, and a tiered system of care. The Resource Centers are located within the state's three largest children's hospitals. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers. Mentoring and preceptorship programs will be available for providers who are new to the field of child maltreatment. Online training modules are also being developed.

Missouri KidsFirst is the state office for Missouri's CACs. Collaboration between Missouri KidsFirst, individual CACs, Missouri Department of Health and Senior Services, and Missouri Children's Division has been essential to the restructuring of the SAFE-CARE Network and the development of the Resource Centers.

On August 28, 2007 state law RSMo 191.225 was revised, making the Missouri Department of Health and Senior Services (DHSS) the first payer for adult and child sexual assault forensic exams. SAFE-CARE Network staff worked with many public and private sector partners to implement a new payment system.

## **2. Permanency**

### ***Alternative Care Services***

Alternative Care is temporary care by the Children's Division for a child who has been removed from his or her home due to dependency, abuse or neglect. The goal for most children in alternative care is to return to their parent(s) when the circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and need a permanent family. Out-of-home placements are selected to provide secure, nurturing and homelike settings for children.

Permanency planning and concurrent planning begin within the first 24 hours after a child is removed. Children's Service Workers schedule a meeting with the family within 24 hours of removal to discuss the plan to get the child reunified if that is the case plan. Family Support Team Meetings are held within 72 hours of placement and every 30 days thereafter until court adjudication. After court adjudication, meetings are held as needed but at least every 6 months to discuss permanency and review progress. During the 72 hour meeting, the family support team develops the preliminary written service agreement which establishes the plan for the first 30 day treatment period. The initial 30 days is critical to timely reunification thus efforts have been made to ensure that staff are meeting with their families to provide the needed support and resources. The child assessment and service plan must be developed within 30 days and updated every 6 months or more frequently as needed.

As of March of 2009, there were 9,239 children in the legal custody of the Division. The January 2009 count of 9,092 showed the fewest number of children in foster care since January of 1995. The high water mark for this population was 12,521, reached in May 2002. Reasons for the

significant decrease include: increase in preventative services, Adoption and Safe Families Act, and an increase in the number of sites who offer Intensive Family Reunification Services and contracted foster care case management. The Children's Division is also encouraging the use of kinship and relative placements because research shows that these placements are more likely to remain stable for a long period of time and result in fewer moves for the child. Out-of-home resource placements include emergency shelter care, family foster homes, kinships homes, relative homes, behavioral homes, career homes, medical homes, group homes, and residential treatment centers. All out-of-home resource providers are required to be licensed, contracted, pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and checks.

In July of 2008, resource staff and their supervisors were given the ability to access to the online Family Care Safety Registry to expedite the background screening process and to make the licensing process more timely and efficient.

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. The CD believes child welfare services can best be provided through public/private partnerships, including:

- St. Louis City based Family to Family Initiative provides the CD with an opportunity to develop culturally sensitive family foster homes which are located primarily in the communities in which the children live.
- The Fostering Court Improvement program which is available in many judicial circuits across the state. This group includes the judge, juvenile office, CD, Guardian ad Litem, CASA, and any other necessary members of the community. The team meets monthly to discuss issues related to alternative care including how to provide better services for our children and families.
- An extensive array of purchased services from local public and private contractors.
- A comprehensive children's mental health services system to meet mental health needs of children and divert children from going into foster care based solely on the need to access clinically indicated mental health services.
- Funding streams such as psychiatric diversion to reduce barriers to obtaining needed services and preventing unnecessary psychiatric hospital placements.
- Community-Based Child Abuse Prevention (CBCAP) services.
- Foster Care Case Management Contract to serve children with multiple placement disruptions and requiring more restrictive levels of care.
- Kinship Care to allow children to remain living within their extended family structure.
- Transitional Living Program to offer different living situations for older youth which allows for autonomy while still receiving the needed support, services and supervision.

### **Foster Care Strategies**

A redesign of the Behavioral and Career Foster Care programs has been under discussion by a subcommittee of the Foster Care Workgroup. This subcommittee has developed a proposal and recommendations to enhance current policy and provide consistency within the programs statewide. Some of the discussion has included combining the Behavioral and Career programs into one single program using different levels to define the needs of the child instead of labeling as Behavioral or Career. In addition, the Children's Division is reviewing an assessment tool to define the needs of the child. Research has shown children in these types of placements do not have better outcomes and may, in fact, have more placement disruptions than children in traditional foster homes. The proposal addresses ways to enhance the skills of the current placement providers to meet the needs of children requiring specialized care rather than moving them to a different placement. Further, the workgroup has discussed the idea of staff going through specialized training so that they are able to provide additional support to placement providers. Portions of the proposal may be piloted in FY 09.

In addition, recent legislation was passed that requires the Children's Division to consider placing children in alternative care with grandparents over any other relatives or foster parents. Research shows that children who are placed with relatives initially have fewer moves and better placement stability.

A bill was passed regarding educational rights for children in foster care. In the past, it has been up to the school district to allow a child in foster care to remain in their school district even if they move out of the school district. There has been a recent push in legislation to allow children to remain in their school district to maintain educational stability for the child. School is where children spend most of their day. School stability is important to the success of children in care.

Two circuits in the state have also developed parent education videos that educate parents about alternative care, and the court system. During the video, several members of the community talk about what happens while a child is in alternative care and strategies to reunify timely. This tool has allowed parents to be more educated about the alternative care system and the court system.

Throughout the process of accreditation, all the circuits in the state have been participating in case reviews which evaluate practice and services provided to families. After the case review, the information is used to develop strategies to improve practice.

There has also been a recommendation to increase clothing allowance rates for all children in alternative care. If approved, this will go into effect

July 1, 2009. In addition, a recommendation has been made for foster parents to receive a diaper allowance for children up to the age of 3 years old. Currently, the diaper allowance is only allowed for children up to 2 years of age. If approved, this will also go into effect July 1, 2009.

#### **Alternative Care Maintenance Rates**

Maintenance rates were increased for all traditional, medical and behavioral placements. The increased amounts seen by all foster, relative and kinship providers went into effect in August 2008.

- Age birth to 5        \$271 to \$282
- Age 6 - 12        \$322 to \$335
- Age 13+        \$358 to \$372
- Behavioral /Medical    \$708 to \$732
- Career        \$47 a day to \$48 a day

#### **Kinship Care**

The Kinship Care program continues to be a successful component of the CD's practice. The process of allowing 90 days to complete licensure is facilitating approximately 30 percent of children in CD custody to be placed with family and kin. The CD continues to make it a priority to locate these placements for children entering out-of-home care. A subcommittee of the Placement Stability work group developed recommendations for enhancing Kinship placements. The process is assisting in assuring that relative and kinship providers are able to meet the needs of the children and reduce the financial and emotional stress of the addition to the household. In SFY 08, 24.32% of all children in the care and custody of CD were placed in relative care.

#### **Specialized Care Management Contract**

The "Specialized Care Management" contract awarded to Missouri Alliance for Children and Families (MACF) in April 2006 has been renewed for another year. The contract is capped to serve a maximum of 350 youth in the Central and Eastern regions but through a cooperative agreement which was completed in December 2007, an additional 20 youth will be served in Jackson County and an additional 30 youth will be served in the Southwest Region. This agreement is specific to serve those youth currently in a residential placement identified as level IV or above level IV residential placements. This contract and agreement will provide intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are below this limit.

Negotiations were held with MACF to change some of the outcomes for the renewal of the Specialized Care Management contract. There are now 10 specific outcomes established for this contract dealing with Safety, Permanency and Stability and Child Well-Being.

- 99.43% or more of all children enrolled with the contractor during the reporting period shall not be the subject of reports of child abuse or neglect where there is finding of a preponderance of evidence.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status.
- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained.
- 85% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days.
- 75% or more of youth during the reporting period will not experience a same placement type or a more restrictive placement type move.
- 50% or more of all children placed in residential care at the time of enrollment will be moved to a less restrictive setting within 120 days.
- 95% or more of all children enrolled with the contractor during the reporting period must have received weekly face-to-face contact with contractor staff to ensure safety.
- 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- 90% or more of all children enrolled with the contractor during the reporting period must be enrolled in school or have successfully graduated.
- 70% or more of all children enrolled with the contractor for six months or longer during the reporting period must have an improved CSPI score.

All of these measures address the CD's and MACF's commitment to ensure youth are safe and stable and have the opportunity to be successful. Current performance indicates MACF met most outcome measures with these exceptions: less restrictive setting within 120 days if in a residential setting, weekly face-to-face meetings, and physical exams within the past 12 months of dis-enrollment.

#### **Foster Care Case Management Contract**

The movement from a fee for service model to a performance based contract for foster care case management services altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for.

The initial contracts were awarded on 6/1/05 to seven provider consortiums to serve the St. Louis, Kansas City, and Springfield regions. The St. Louis Region consists of St. Louis City, St. Louis County, Jefferson County and St. Charles County. The Kansas City region consists of Jackson County, Clay County, Andrew County and Buchanan County. The Springfield region consists of Greene County, Christian County, Taney County, Lawrence County, Barry County and Stone County.

The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central and southwestern part of the state. These regions consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald Counties.

As of 2/28/09 the active caseload for private contractors consisted of 3,207 children. This compares to 9,546 children served statewide. Approximately 33.6% of the foster care population is served through contracted case management providers.

In the Springfield and Kansas City areas, mirror units were established to replicate foster care case management contract requirements with in-house employees. The purpose of the mirror units was to compare outcome results to both the contractors and other in-house units to determine if the contractual requirements influenced children's permanency.

#### ***Other Permanent Living Arrangements***

The Family Support Team (FST) may determine during an administrative review or at the permanency hearing that there is compelling reason that the four preferred permanency options of reunification, adoption, guardianship or relative placement are not in the child's best interests. The option of another permanent planned living arrangement (APPLA) may then be explored. APPLA is a specific permanent placement for the child, not just a foster care placement that can be indefinitely extended. The Children's Division has identified all youth who have an APPLA goal and this information has been sent quarterly to the Circuits for review to ensure this goal is being used appropriately and that it meets the needs of the youth. The permanency goal should be discussed at every Permanency Planning Review. Children are placed in APPLA only in cases where the Family Support Team believes and has documented to the court that this placement will endure until the youth becomes independent. In addition, the placement provider is in agreement with the plan and is able and willing, with the assistance of the Division, to meet the safety, permanency, and well-being needs of the youth. The placement provider will make a formal Planned Permanency Agreement with the Division for this purpose.

When a youth is in APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services and meeting with the youth and family to ensure desired outcomes are attained. Services will continue until the youth is released from the jurisdiction of the court.

The Foster Care Case Management (FCCM) contracted providers and the Children's Division formed a workgroup to identify older youth in APPLA. Outcome measures were developed to recognize the positive work being accomplished with this population and identify strategies to address negative trends. Those measures to be tracked include:

Outcome Measure	10/1/07 to 9/30/08	10/1/08 to 3/31/09
Percent of youth who exited while in a positive living arrangement	70%	70%
Percent of youth who exited in a positive educational component	68%	72%
Percent of youth who exited with a positive employment outlook	64%	57%
Percent of youth who exit with a positive community connection	91%	90%
Percent of youth who exit with a positive Medical or Psychiatric outcome	83%	81%

These outcomes will be tracked outside of the current contract period for one year to establish baselines for use in future contracts. Each FCCM contracted provider and CD mirror unit is responsible to report their outcomes to Central Office for compilation into a state wide report. The percentages in the table represent the APPLA outcomes measures for part of the first contract from 10/1/07-9/30/08 and half of the first year of the second contract.

#### ***Foster and Adoptive Parents Recruitment***

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. These diligent recruitment activities involve utilization of bus ads and grocery store checkout ads in locations consistent with the ethnic and racial make up of children in the foster care system for that area. Additionally, the Children's Division coordinates with faith partners in communities throughout the state to showcase by presenting the photos and profiles of children currently waiting for adoption that are also representative of the population of children we are recruiting for in foster care. The Division is mindful when developing promotional materials for the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

In an effort to address concerns for multiple moves for children, St. Louis City began offering new foster parents the unique opportunity to hold a dual emergency and traditional foster home contract in 2006. Children not having to move from an emergency to a traditional foster placement often resulted in less trauma to the children. This has assisted in the increased availability of emergency placement slots for after-hours placements. St. Louis City currently has 29 dually licensed homes. Twenty of these are on the emergency list and will take children after hours.

As of June 30, 2008 there are approximately 575 homes approved by CD as adoptive homes that do not have adoptive children placed at this time.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in FY 2007 was 1191 and the number of finalized adoptions in FY 2008 was 1117.

As of 4/30/09 there were 1,689 children who were available for adoption and awaiting adoptive placement or finalization of adoption.

The CD adoption recruitment plan has two components; a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities, the CD desires to reach all potential families regardless of their cultural and socioeconomic status. The core activities of the recruitment plan include:

- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- Home for the Holidays collaboration with the Dave Thomas Foundation
- Utilizing and maintaining CD Internet web page and working with two national sites where CD children are featured
- Photo listing: <http://www.dss.mo.gov/cd/adopt>. This web site lists profiles and the pictures of approximately 200 of Missouri's waiting children. This site is maintained by the Collaboration to AdoptUSKids <http://www.adoptuskids.org> site. The AdoptUSKids and National Adoption Exchange ([www.adoptex.org](http://www.adoptex.org)) are national websites where Missouri's waiting children are featured
- Celebrating National Foster Care month (May) and National Adoption month (November) and include media campaigns and print materials for recruitment
- Continued collaboration with community agencies and maintaining the CD recruitment efforts

The optional activities for local offices include:

- Northwest Adoption Event
- Northeast Adoption Event
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- Heart Gallery
- National Recruitment Saturday Celebration in St. Louis County
- Faith based mini-conferences in St. Louis, Jackson County and Springfield
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families
- St. Louis also began a movie ad campaign that has been successful
- Profiles of waiting children run in the Kansas City Star
- Wait No More Adoption Events (Memo CD09-46)

The following steps are completed for every foster/adoptive applicant and other adult household member (age 17 and older).

- a. The CA/N background screenings are conducted by the local CD.
- b. CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived since 17 years of age.
- c. Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:
  - a. CA/N records (findings of "Preponderance of Evidence" or "court adjudicated", or prior to August 28, 2004, "Probable Cause" findings)
  - b. Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS)
  - c. Child-care facility licensing records maintained by DHSS
  - d. Residential living facility and nursing home records, maintained by DHSS
  - e. Employee Disqualification Registry maintained by Department of Mental Health
  - f. Foster parent licensing records, maintained by the CD
  - g. Sex Offender Registry information maintained by Missouri State Highway Patrol (MSHP)

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

The criminal record check may reveal open and closed record information on individuals consisting of arrests, prosecutor and court actions, correctional supervision, and release. All felony and serious misdemeanor arrests including sexual offender registration information as defined

under 589.400, RSMo. All alcohol and drug related traffic offenses are considered reportable criminal offenses.

The CD Background Screening and Investigation Unit (BSIU) maintains a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July 2005 the CD began using electronic fingerprinting. In the past 5 years BSIU has logged over 37,818 fingerprint results. Each year there is an average of 9,454 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Applicant Processing Services, or MOAPS. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

Case.net, the Missouri State Courts Automated Case Management System, is examined for any reference to Orders of Protection filed, either for a child or adult. There are limits to the use of Case.net.

### **Adoption Services**

Missouri Law identifies the CD as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoption assessments conducted once the child is placed in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents currently apply at local CD offices. All applicants must complete the STARS/Spaulding training provided through the Division. CD workers and/or contracted providers, in coordination with the training complete the family assessment and screen suitable families. The home studies are initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet web site Adoption Photo Listing that is located at <http://www.dss.mo.gov/cd/adopt>. Children listed on the web site receive exposure on this site; they may also be featured on other sites such as the national AdoptUSKids site at [www.adoptUSkids.org](http://www.adoptuskids.org), the Adoption Exchange Website at [www.adoptex.org](http://www.adoptex.org). The Adoption Exchange also manages the Missouri Heart Gallery site located at <http://www.moheartgallery.org>. In addition to these sites, Jackson Co/Kansas City has a website for presentation of children in that region that may be accessed at [www.kcchildren.org](http://www.kcchildren.org).

The CD actively recruits foster/adoptive families and enlists the assistance of community partners as well as the faith communities through publicity efforts which utilize newsletters, printed promotional material, public service announcements and local projects.

### **Subsidized Adoption Program**

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption subsidy gives the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt the child.

In recent years, the vast majority of children placed for adoption by the CD have had special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of June 30, 2008, 13,744 children were receiving adoption subsidies at an average monthly cost of \$383.00 per child. Total expenditures for the adoption subsidy program have increased from \$62,222,136.51 in FY 07 to \$63,184,096.89 in FY 08.

The CD released revised adoption and guardianship subsidy contracts on May 2, 2008. This contract is more streamlined and efficient for both families and staff. The purpose of this revision is to provide the best services to adoptive families, guardians and children in the most fiscally responsible way while requiring fewer steps for adoptive parents and guardians to maintain necessary services.

### **Second Level Matching Team**

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet four times per year to facilitate matches for the hardest to place children who are awaiting permanency. This statewide team was developed to match waiting families with children available for adoption. The focus of this group has expanded to include the utilization of a specialized recruitment tool.

The SLM Team Goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD, and completing quarterly adoption peer record reviews as part of the statewide Continuous Quality Improvement process. During 2008-2009, much of the time of the SLM team was spent reviewing information pertaining to the new policy guidelines that were developed in May of 2008. SLM team members were able to bring common questions and difficulties they were experiencing

in their regions to the meetings and the team engaged in problem solving to come to common solutions for many of the difficulties pertaining to adoption subsidy across the state.

### ***Heart Gallery***

On May 1, 2009 the third Missouri Heart Gallery opened in Kansas City at the Crown Center. The gallery featured 188 photos including 248 children and is slated to travel across the state over the months of May through November. The gallery will travel to St. Peters, Hazelwood, Hannibal, St. Joseph, New Madrid, Cape Girardeau, Sedalia, Springfield, Joplin, Lake Osage Beach, St. Louis and Jefferson City. As a result of the gallery, over 120 children have found placement homes since 2006. As a result of the 2008 Heart Gallery 63 children have "Families in Progress". Additionally, calls of interest have increased from 547 in the first year to approximately 4836 in 2007. Calls have remained consistent over the last year.

### ***Inter-Country Adoption***

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, post-placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

### ***Residential Treatment Services for Children***

The Residential Program Unit (RPU) has the responsibility for licensure/re-licensure, supervision and technical assistance for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA) in Missouri. Residential treatment provides specialized services for children needing more structure and intervention than a foster home can provide. Individual placements within the residential setting are monitored by the case manager and the Residential Care Screening Team (RCST) Coordinator assigned by area/region to assure children are placed in programs which can address their needs and move to a less restrictive setting as appropriate. In 2007, CD developed specialized positions, Older Youth Transition Specialists (OYTS) to work with youth, ages 16-21 years to assist in the preparation of transiting from dependency to self-sufficiency. Many of these youth are, or have been, in a residential treatment program.

Seventy-five (75) licensed residential agencies, operating at one hundred and thirty-one (131) operating sites around the state of Missouri are available to provide services to youth in need of residential treatment services. These services include, at a minimum, individual, group and family counseling, medical and psychiatric services based on the treatment needs of the child. Some programs offer additional services in the form of recreational therapy, expressive therapies and educational services. Some agencies offer specialized services for various treatment issues such as autism, sexually inappropriate behavior and dual-diagnosis. Many have transitional living and life-skills training for older youth. Licensing rules require RCCA staff to have initial orientation and a minimum of forty (40) hours of on-going training per year specific to treatment issues of youth in residential programs. Currently twenty-six (26) RCCAs are accredited and three (3) are actively seeking accreditation.

In recent years, there has been a decline in the number of children requiring residential treatment services. Throughout SFY 08, 3,165 children received residential treatment services compared to over 3,500 in SFY 07 and 3,800 in SFY 06. This decline is due to several factors including fewer children coming into care, placement in a kinship/relative home, or being protected in their own homes. When placement is necessary, more children are being diverted from residential treatment by being served in a therapeutic foster care environment. More effort has been placed on moving older youth out of residential treatment and into a family environment. During fiscal year 2008, 1,138 youth over the age of twelve (12) years were transitioned out of residential treatment into a family setting, including one hundred and ten (110) youth returned to their parent(s).

RPU staff work with RCCAs to design and conduct biannual meetings to present speakers on topics of mutual interest. The meetings also allow agencies to network. RPU staff consults individually with agencies regarding issues of concern. RPU has worked with the National Resource Center for Youth Services (NRCYS) since 2003, to develop and promote the "Strengthening the Culture of Care" (COC) curriculum. COC is a strength-based training program that assists direct care staff in understanding, and working with, the unique needs of abused and neglected children. The goal is to increase child safety and nurturance while placed in residential treatment thus reducing physical altercations and/or the need for physical restraint. Most of the RCCAs utilize the curriculum in part or in full with their staff.

In addition to the biennial meetings and the COC training, RPU has been working with the University of Missouri, Extension Service regarding another identified issue for children in residential treatment, that of risky sexual behavior. We are currently facilitating a "train-the-trainer" on "Making Proud Choices" (MPC), an eight (8) session group exercise designed to empower children to make better choices for themselves when confronted with peer pressure to engage in sexual behavior. MPC is an evidence based training endorsed by the Centers for Disease Control (CDC) as an effective program for reducing the risk of HIV/AIDS.

In 2008, licensing rules for RCCAs were strengthened to include exclusionary criminal and child abuse/neglect backgrounds for employees and potential employees. Agencies that hold a contract with CD participated in a voluntary fingerprint survey of all of their employees, volunteers and interns.

In 2007 and 2008, RPU staff presented information on emergency planning with special needs populations at the National Association of Regulatory Administrators (NARA) National Conference in Richmond, VA and Atlanta, GA, respectively, to encourage licensing professionals from other states to assist their agencies in emergency/disaster preparedness. RPU staff also presented on emergency planning at the 2008, Missouri Coalition of Children's Agencies (MCCA) annual conference.

RCST coordinators monitor placements of children within RCCAs to determine the effectiveness of the treatment program in preparing children to move to a less restrictive living situation. The Residential Care Screening Team (RCST) coordinators frequently conduct meetings to discuss the status of children in RCCAs which often include RPU staff and/or OYTS for consultation purposes. The OYTS assist in determining the youth's need and/or ability to participate in a Transitional Living program and in obtaining access to an appropriate program.

### ***Child Placing Agencies***

In FY 2007 there were 70 licensed child placing agencies with an additional 23 operating sites for a total of 93 child placing operating sites. Of the 70 licensed agencies 23 agencies were accredited. The agencies placed 494 (domestic) and 572 (international) children for adoption. Several child placing agencies are involved in the performance based contract and the specialized contract which is discussed in other section of this report.

Several child placing agencies have formed the Adoption and Foster Care Coalition (AFCC). Although not funded with IV-B monies, the Coalition is actively engaged in improving the lives of Missouri families and children. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Department of Health and Senior Services. AFCC has provided services to over 3000 women with case management, housing, education, parenting and well-baby care and referral. AFCC continues to meet with legislators to advocate for adoption and foster care issues, resulting in the passage of a statute to make it easier for birth parents to achieve an adoption plan

### **3. Partnerships / Collaborations**

#### ***Adoption and Foster Care Coalitions (AFCC)***

Several Child Placing Agencies throughout the state have formed a coalition of agencies named the Adoption and Foster Care Coalition. (AFCC). Although not funded with the IV-B grant the Coalition is active in improving the lives of Missouri families and children. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Missouri Department of Health and Senior Services. AFCC conducted its eighth (8th) annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the Children's Division (CD) on child welfare policy.

#### ***Child Advocacy Centers (CAC)***

The Child Advocacy Centers are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional Child Advocacy Centers serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network.

#### ***MoHealthNet Managed Care Committee***

The MO HealthNet Managed Care Consumer Advisory Committee (CAC) was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MO HealthNet Program. The CAC meets quarterly to discuss MHD Managed Care issues and for the Managed Care health plans to provide updates in their areas. The committee is comprised of several consumers who present their concerns from their areas of the state. Representatives from the various managed care health plans attend these meetings, as well as representatives from MO HealthNet Division, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri, Medical Centers, Head Start, Missouri Primary Care Association or any other entity with a MHD interest. This committee opens the door for communication to occur so better service is provided to consumers in the state of Missouri.

#### ***Task Force on Children's Justice***

In 2008, the Task Force on Children's Justice reviewed a case regarding the fatality of a foster child. This review is part of the Task Force's function as a Citizen's Review Panel. For this review, the Task Force requested that the Office of Child Advocate be involved as well. Interviews were conducted, various reports gathered, and state policies and training plans were discussed.

Recommendations for the CD included:

- Cases should be "flagged" that contain certain criteria that may make a case more difficult or have complexity due to the following factors:
  - Length of Time in Care

Level of Care required

- Mental Health Diagnosis
  - Frequency of Moves
  - "Flagged" cases should only be assigned to qualified or seasoned workers. If assigned to a less qualified worker, additional supervisory time should be required to ensure the worker becomes knowledgeable of the case and the specific needs of the family.
  - Discussions need to be had regarding the possibility of removing the "two year" time limit for Judges hearing dependency cases
  - Reviewing CD policy that addresses continued efforts to limit the number of unnecessary moves for foster children
  - Ensure that Family Support Team meetings are being held when a placement change for a foster child is necessary
  - Ensure that when children in Alternative Care experience a traumatic event, that they receive appropriate wrap-around services following the trauma
  - Ensure that workers have additional training on appropriate boundaries with children and youth on their caseloads
  - Utilization of a trained mediator when a Family Support Team is not being effective in regards to progressing a child's permanency plan
  - Provision of counseling services for a foster family and other inhabitants of the foster home following the event of a household member's death
  - Provision of Reactive Attachment Disorder (RAD) in-service training for all foster parents
  - Ensure that all foster parents and placement providers are given any and all mental health information as well as medication information as mandated by law
  - Ensure that all foster parents and other placement providers are given a copy of the Foster Parents Bill of Rights
  - Review of the "Initial Placement Form" utilized by CD workers to determine the appropriateness of the form
  - Encouragement of foster parents to participate in the foster child's therapeutic sessions as a participant, not only as a consultant, especially in situations where a child has been diagnosed with RAD
  - Expectations that the Family Support Team function in a manner to assure that the child's needs, including permanency, are considered
- The CD will provide a formal response on the plan to implement those recommendations that are possible, tentatively in June 2009. Plans for public viewing are currently underway. The plan will be posted on the CJA internet website: <http://www.dss.mo.gov/cd/cjtf/index.htm>.

During FFY08, CJA grant money was provided to the Child Advocacy Centers in Missouri, necessary to improve the processes by which Missouri could respond to cases of child abuse and neglect, particularly, child sexual abuse, or exploitation. Forensic examinations, victim interviews, referrals to treatment providers, gathering and retention of forensic evidence used for criminal prosecution of the offender, were made possible through funding provided by the CJA grant.

CJA Support for the Child Advocacy Centers facilitated compliance with RSMo 210.001.1, which designates Child Advocacy Centers in Missouri.

#### ***The Child Abuse and Neglect Review Board***

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, the Children's Division investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/210000153.htm>). Each member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to assure for timely reviews. Currently, there are three boards that meet monthly in Jefferson City and a fourth regional board that meets monthly in St. Louis. A fifth board will be established to begin meeting monthly in Kansas City sometime in 2009.

Each board conducts approximately eight administrative reviews each month. The board makes the decision by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

During 2008, the four CANRB panels heard 304 cases and upheld 157 (52%) with the following outcomes:

**Outcome of Reviews CY 2008**

	Board 1	Board 2	Board 3	Board 4	Total
<b>Upheld</b>	28	65	37	27	157
<b>Reversed</b>	52	24	44	27	147
<b>Total</b>	80	89	81	54	304

Board 4 was created in March 2008.

Three review dates (Board 1, Board 3, and Board 4) were cancelled in December due to weather. (See Child Abuse and Neglect section for more discussion on practice changes and training on evidentiary support for CA/N reports which has decreased the number of reversals from 07 to 08).

#### **State Technical Assistance Team**

Our collaborating partners through the DSS, the State Technical Assistance Team (STAT), assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations, at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing the Missouri's Child Fatality Review Program (CFRP), including training and support for the 115 county-based, multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths, to facilitate the development and implementation of prevention strategies.

STAT is supervised by the DSS Director and available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2008, STAT investigated 263 cases, up from 239 cases in 2007. Of those, almost 165 (63 percent) were sexual abuse or exploitation related. Prosecutors filed 147 felony charges during 2008.

This multidisciplinary approach has proven to be a key link in the investigation and evaluation of child fatalities, which ultimately leads to meaningful prevention strategies.

The State Child Fatality Review Panel (CFRP), consisting of members from various professional disciplines, meets quarterly to review topics and trends of concern. The Panel continues to recommend prevention efforts related to child deaths due to bed sharing, safe bedding and abusive head trauma. The CD and STAT continue to promote safe-sleep with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. Additionally, Pursuant to 210.195, RSMo., the CFRP reviewed child deaths related to abusive head trauma (Shaken Baby Syndrome), as reported by local fatality panels, throughout the state. It has come to the state Panel's attention that some physicians ("experts") are being paid to testify that such trauma is not inflicted. Researchers and a pediatrician from the University of Missouri-Columbia proposed a research study on abusive head trauma-related child fatalities. The state Panel endorses and supports the researchers' efforts in applying for a federal research grant to conduct the study, but to date, funding has not been granted. The CFRP annual fatality reports are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

In addition, as a result of the reviews of individual child fatality cases, local CFRPs made other specific recommendations for prevention during 2008. Some of these included; educate students and teenagers on the dangers of shaking a baby, the abusive head trauma it can cause and what to do to prevent shaking a baby; educate on safety of electrical devices and electrical-related dangers in and around homes; provide news release/education about reporting child abuse and neglect, and the CA/N Hotline number, and the dangerous risks of bed sharing and unsafe bedding.

Practice Alerts have been sent to all CD staff addressing safety issues involving infants and toddlers, and fire safety. The CA/N hotline number is available on the website accessible by the public, and red cards publishing the 1-800 hotline number are routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training by local offices as well as central office staff. This training includes information on how to report child abuse and neglect. Additional prevention efforts in the form of PowerPoint presentations and informational fact sheets can be reviewed at the following website: <http://www.dss.mo.gov/stat/prev.htm>.

#### **State Youth Advisory Board**

The State Youth Advisory Board (SYAB) reconvened at the end of FY08 and has met four times in FY09. The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Transitional Living Program (TLP) contractors and Native American Indian Centers have also been invited to nominate youth. The SYAB will meet quarterly in FY10 as well and continue efforts to include Native American Indian Center youth participation in leadership activities.

In FY09 the SYAB developed a youth profile for speaking engagements, leadership conferences and panels, planned a youth conference, reviewed and provided input for updating the SYAB strategic plan, the SYAB handbook, and "What's It All About" a guidebook for youth in out-of-home care, provided input for the "Kids In Court Guide" for youth in care distributed by the court, prepared talking points/brochure for Child Advocacy Day and spoke to legislators regarding these, and provided input for Missouri's treatment approach to foster care. In FY10 the SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care.

The SYAB is planning a youth and adult leadership and empowerment conference for summer 2009. Youth are presenting workshops on coping skills, resources, permanency, leadership, milestones, and self-advocacy. The SYAB plans to have a conference every other year.

Although the SYAB has grown and stabilized since reconvening, local regional boards continue to struggle with development and implementation. Technical assistance has been requested from the National Resource Center for Youth Development (NRCYD) and consultation will be provided at the youth conference for regional boards from a NRCYD staff member.

The current SYAB members, as well as other older youth in care throughout the state, have been very active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members have presented at CD's Older Youth Program Training statewide, and numerous other local presentations. Individual SYAB members have been active on various workgroups, including the Department of Mental Health Advisory Board, the Improving Educational Outcomes for Foster Children Advisory Team, and the Child and Family Service Review Advisory Committee, and the Office of State Court Administrators workgroup. Youth throughout the state have been participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars. Youth in care and alumni youth have been selected as members of the Governor's Task Force on Aging Out which convened in October 2008 and will submit final recommendations June 2009. The SYAB will continue to participate in speaking engagements and advisory boards/committees throughout the state in FY10.

In FY10, the SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities.

### **Foster Care Case Management Partnerships**

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues to date through meetings which occur on a regular basis at the local, regional, and state levels.

In January, 2003, the contracted case management providers and state agency administrators were invited to participate in a discussion of a performance based case management contract. A meeting was held on 2/11/03. Plans to develop a performance based contract by 7/1/04 were diverted when Dominic James died at the hands of his foster father. Public and legislative outcry for child welfare reform ensued which included the development of contracts for comprehensive service delivery for children and their families by 7/1/05 in consultation with the community and providers of service. This led to regional meetings across Missouri in 2003 and statewide meetings of approximately 80 community stakeholders. The invitation list included current and potential contracted case management agencies and Intensive In-Home Services and Family Reunification Service contractors. In addition, each region sent invitations to community members such as child advocates, court personnel, legislators, and internal CD staff.

At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

Within the first six months of implementation of the performance based contracts Continuous Quality Improvement (CQI) Meetings were implemented at the local and regional levels. These meetings were designed to address implementation issues at the lowest level possible. Issues which could not be resolved at the local level were referred to the regional CQI. Issues which could not be resolved at the regional level were referred to the CEO meetings.

As Missouri is now in the 4th year of a performance based case management contract time is set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private QA and QI specialists.

Program Manager Meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is facilitated by a contractor. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. At the most recent meeting participants were put in small groups for discussion of strategies to develop permanent placements for older youth.

CEO meetings are also held on a quarterly basis. Recent items of discussion have included expenditure reporting, background screenings, outcome measures, court collaboration, SACWIS compliance, and joint QA/QI initiatives.

Joint Quality Assurance/Quality Improvement initiatives at the regional level include circuit CFSR Readiness Assessments, Program Improvement Plans to address deficiencies identified through the circuit self assessments, and Peer Record Reviews. Contracted staff, including their QA Specialists, are invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children, Child and Family Service Review and AFCARS/data integrity. Contracted QA staff will be invited to attend CD QA Unit meetings twice per year. The contracted QA specialists are now routinely engaged in data clean up efforts to achieve improved data integrity.

On February 10th and 11th, 2009 Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools.

The PIP Advisory Committee, which was originally formed to monitor progress and develop strategies to improve areas of deficiency identified in the first CFSR, is comprised of CD staff and contracted agency representatives. This Committee continues to meet on a quarterly basis to prepare for the second CFSR.

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#### ***Education Advisory Team***

Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY 08. The Educational Advisory Team's mission is to do all they can to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis.

The Educational Advisory Team recognized three initiatives to focus on how to improve the education opportunities and outcomes of foster youth. The Educational Advisory team divided up into three workgroups to meet the three initiatives. The three workgroups identified are: Raising Awareness, Engaging and Empowering Stakeholders and Developing Tools and Resources.

Talking points are being composed to present to stakeholder groups throughout the state. The talking points will be based on the basic awareness of the issues regarding education and foster youth as well as what can be done to improve outcomes for foster youth. The group will shape the talking points around identifying the real issues.

#### ***Missouri Prevention Partners***

The Missouri Prevention Partners is a collaborative group of public and private agencies that have implement interventions on a statewide basis that address the prevention of child abuse and neglect. This group of partners represents diverse approaches and perspectives in dealing with child maltreatment within a spectrum of prevention at the individual, family, community and societal levels. The Missouri Prevention Partners meet about every two months and are presently engaged in developing a strategic plan or framework to guide statewide and local efforts in providing evidence-based and best practice approaches to the primary prevention of child abuse and neglect.

Goals for this group are:

- Administration and Leadership - Create an Infrastructure to enhance and support child abuse prevention in Missouri.
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri.
- Prevention Programming - Promote the identification and use of evidence-based practices and promising approaches.
- Resource Development - Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide.
- Influencing Policy and Legislation - Impact policy and legislative issues through child abuse and neglect prevention focused advocacy.

The agencies involved in the Missouri Prevention Partners include: Dept. of Social Services, Dept. of Health and Senior Services, Dept. of Mental

Health, Dept. of Corrections, Dept. of Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Assoc, Citizens for Missouri's Children, State Technical Assistance Team, and Missouri KidsFirst.

#### **Governors' Blue Ribbon Panel**

Former Governor Blunt appointed the Blue Ribbon Panel for Youth Aging-out of Foster Care in August of 2008. The seventeen member panel was comprised of Department Directors from the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Elementary and Secondary Education, and Economic Development as well as representatives from private business/industry, current and former foster youth, private youth service providers, the juvenile court system, the Juvenile Justice Association, a Court Appointed Special Advocate, and a foster parent.

The charge of the panel was to assess current and private resources within Missouri available to support youth in or exiting from foster care. The panel would recommend ways to improve and strengthen coordination, communication, and collaboration among youth serving agencies and private industry to maximize the efficiency and effective use of resources to support the youth and their healthy transition to successful adult roles and responsibilities. The goals outlined for the panel were better use of resources, better outcomes for youth through existing and emerging programs, and better futures for our youth and our economy.

The first meeting of the Blue Ribbon Panel featured a presentation by five current and former foster youth. The youth discussed the challenges of older youth in the foster care system as well as barriers to successful transition from the system. This presentation made a significant impact on the Blue Ribbon Panel members who requested that these five youth be officially appointed to the panel.

The panel met from October, 2008, until May, 2009. The panel focused on six primary topics: permanency and lifelong connections, physical and mental health, transitional supports, education, employment, and cross system collaboration. The final recommendations have been made and a report is being drafted. The final report is expected to be completed by the end of June, 2009. A formal presentation of the report will be scheduled for mid-July for the Governor's office, panel members and Department Directors.

#### **CFSR Advisory Committee**

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR) Advisory Committee governed by a Charter, see Attachment B. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure and lead to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation. By using the same committee for several requirements, this has given the Children's Division the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, our partners are better equipped to understand the child welfare arena and why it takes more than one agency to make a difference in a life of a child.

After providing feedback in this Title IVB Plan, the committee will be studying the services available around the state from the circuit statewide assessments. From this process, the committee will craft a set of recommendations for consideration by the Children's Division.

#### **Comprehensive Children's Mental Health Services System**

Section 630.097 RSMo further called for the formation of a "Comprehensive System Management Team" (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and renamed. The CSMT has formalized its structure with the adoption of by-laws and continues to meet once per month.

The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health (DMH) mandates timely response to any parent voicing the intention to surrender custody so that his/her child may receive clinically indicated mental health services. The Custody Diversion Protocol was piloted in the fall of 2004 and fully implemented statewide in February 2005. As of March 31, 2009, 881 youth have been referred through the protocol; 843 of these youth or 96% have been diverted from state custody. Thirty-three percent of these youth remained in their homes and received community based services through DMH. The remaining 67 percent received some sort of out-of-home care either through DMH funding or through the CD's Voluntary Placement Agreement (VPA). In any given month, approximately 65 youth are supported through a VPA.

The Children's Division has contracted with the University of Missouri, Columbia, to create a web-based training on Custody Diversion and Voluntary Placements. This training will be available to all CD, DMH and community stakeholders by the end of June 2009. Circuit-specific training has occurred to address identified concerns, and the continued approach and recommendation are to leverage resources and problem solving at the local level. Regional Mental Health Coordinators represent each geographic region of the state and meet on a quarterly basis with Department of Mental Health partners to help address local issues.

Likewise, utilization of the Voluntary Placement Agreement continues to be utilized throughout the state as efforts to serve children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the CD.

#### **Community Based Child Abuse Prevention (CBCAP)**

In Fiscal Year 2007, Children's Trust Fund awarded \$300,000 to the four Missouri communities of Moberly, Poplar Bluff, Springfield and St. Joseph to continue the CBCAP grant project. These communities completed the fourth of a five-year grant process. Through incorporating a lead agency concept, the goals of the CBCAP communities are to:

- provide a seamless coordination and delivery of prevention and family support services to families and their children;
- reduce the duplication of existing services;
- maximize the resources of public and private providers to better serve children and families; and
- ultimately reduce the likelihood of child abuse and neglect from occurring.

An important part of this grant is the collection of data on outcomes of these services. At the end of the fourth year, 250 high risk families consisting of 900 individuals were benefiting from this project. Many of these families were single parent families with very young children and few economic resources or community supports.

The Missouri CBCAP model is recognized by the federal funding agency as attaining the highest level (Level 4) of program standards and performance indicated by evidenced based outcomes and successful replication of the program in other communities. Each CBCAP site continues to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

#### ***Reducing Repeat Maltreatment, "Small Test of Change"***

The Children's Division is currently working with Casey Family Programs to better address families who come to the attention of child welfare services due to repeat maltreatment. The Children's Division is participating in a Breakthrough Series Collaborative (BSC) to improve our practice with the assistance of Casey and an outside consultant.

The Breakthrough Series Collaborative is a methodology adapted from the health care field; it originated with the Institute for Healthcare Improvement (IHI) and the Associates in Process Improvement (API) in 1995.

In a year-long process sponsored by Casey Family Programs (to be completed September 2009), five Missouri teams focus on an "intractable" issue in child welfare practice, with Repeat Maltreatment being Missouri's issue. The teams test multiple ideas, strategies, and tools on a very small scale-called "Small Tests of Change"-- in their pilot sites. They simultaneously share learning with other teams via the Internet, phone conferences, and three two-day meetings. The most successful field-tested and measurable strategies and tools are then rapidly introduced throughout the teams' jurisdictions or systems.

The site groups have monthly conference calls, have come together for several face-to-face meetings, and utilize a "SharePoint" website where they are able to share information with each other electronically as to what they are working on to improve practice with repeat maltreatment families. This project was initially piloted in 2006 in Newton and McDonald counties as the "Building Healthy Families" (BHF) program. CD recognized that a small number of families who have a large number of repeat maltreatment events ultimately resulted in an accumulation of harm to the child, leading to out-of-home placements and costly services to reduce risk of abuse and neglect. Newton and McDonald counties developed a BHF brochure that was distributed to families and community partners. With some minor changes, this BHF brochure has recently been approved for use in the other four pilot sites as well. BHF pilot sites are working to obtain and maintain strong community support, particularly from the schools, who have been actively involved and making referrals to the program.

#### ***Fathers for Life - Incarcerated Fathers Collaboration Project***

The Family Support Division was awarded implementation funding effective July 1, 2005 for this initiative. Twelve sites participated in the Fathers for Life Project. Two sites joined the project initially as Tier I sites. Tier I sites included the Missouri Valley Community Action Agency and the Delta Area Economic Opportunity Corporation. These sites are actively recruiting fathers and providing project interventions. In year two of the initiative, three additional sites joined the project as Tier II sites. These sites include the Community Action Partnership of Greater St. Joseph, East Missouri Action Agency and Grace Hill Settlement House. Tier III sites who began participating in the third year three are: Children's Therapy Center Early Head Start, Sedalia; YMCA-Kansas City; Head Start, Independence School District; Head Start, Kansas City; Ozark Area Community Action Agency Head Start, Springfield; Douglass Community Services Head Start, Hannibal; Northeast Mo. Community Action Agency Head Start, Kirksville; and South Central Mo. Community Action Agency Head Start, Winona.

Fathers who chose to participate in this project had the opportunity to benefit from a wide variety of project interventions such as 24/7 Dad; Focus on Fathering; Parents as Teachers (PAT) Group Classes; PAT Individual Parent Coaching; Parenting Apart Classes; Enhanced Employment Services; and, Mediation. This initiative allowed more fathers to get involved, and get educated. The initiative also encouraged community support and resource development for fathers.

The funding for this grant ended in December of 2008, but planning efforts of the Executive Steering Committee and other key local and state partners at the conclusion of the Fathers for Life project resulted in consensus on a number of recommended next steps. Each of these suggested next steps is built on the over-arching goal of continued development and maturation of the Fathers for Life model while replicating it throughout Missouri and in the four-state region.

Build partnerships within the Head Start network in Region VII (Iowa, Nebraska, Kansas, and Missouri) to facilitate the replication of the Fathers for Life model in the other three states. It is projected that these efforts would further strengthen the durability of the model and the adaptability of the model to different state infrastructures and locales. At the same time, attempts to replicate the model are projected to further increase the impact of the investment already made in the Fathers for Life resources, thereby benefiting more fathers and their families.

- Rebuild the state leadership in Missouri for long-term sustainability of the Fathers for Life model. This would involve a determination of the systemic ways that the Missouri Head Start Association and the Missouri Head Start-State Collaboration Office would assume leadership in maintaining the initiative within Head Start. It might also involve greater connectivity with the Early Childhood Comprehensive System initiative and the Missouri Re-Entry Process initiative in Missouri. The end result would be widespread usage of the Fathers for Life resources throughout the 22 Head Start grantees and their communities. It is recommended that outcomes of locally implemented interventions with fathers continue to be evaluated to determine their effectiveness.
- Enhance the Fathers for Life resources by developing translations into Spanish and determining appropriate supplemental materials in Spanish. The quality of the Fathers for Life materials was perceived to be very high by all stakeholders who had the opportunity to evaluate them. An important next step would be increasing accessibility for persons who speak Spanish.
- Since the Fathers for Life curricula were highly regarded, incorporation of these materials within a broader framework of fatherhood materials would be advantageous. A well-indexed compilation of fatherhood materials could result in easier accessibility, greater functionality, and more widespread usage of quality materials that may be under-utilized.
- Adapt the Fathers for Life resource manuals for application in Correctional Centers. This recommended strategy would facilitate better preparation of fathers for reentry into society and fulfilling their parenting responsibilities.

Building strong, effective partnerships requires a level of information-sharing and trust-building that takes time. Great strides were made at both the state level and the community level in stakeholders becoming oriented to the systems of others to accomplish the goals. The common vision of what is perceived to be good for families and for children continues to be a driving, unifying force of the stakeholders who were involved in the Fathers for Life project.

#### ***Missouri KidsFirst***

During the past year, Missouri KidsFirst, voted to reorganize its operating structure and by laws and has established a new Board of Directors. The new board is made up of a diverse group of professionals from across the State and includes businessmen, community leaders, and professionals with financial and legal backgrounds. The new board is also diverse in its cultural configuration. The new board will oversee the management and development of Missouri KidsFirst as a not for profit organization. In addition, two new planning structures will be developed. A state level Advisory Council will be developed and will be made up of representatives from partnering agencies and state organizations. The Advisory Council will oversee the integration of the CAC Model into all the appropriate partnering agencies and organizations. The Advisory Council will also coordinate interagency training and planning activities. The second new planning structure will be the Program Counsel. The Program Counsel will consist of directors from the 15 regional CACs. They will continue to work together to address on-going issues relating to training, coordination and program development with in the CAC Network.

#### ***Placement Stability Workgroup***

The Placement Stability Workgroup developed a subcommittee in 2007 to address Kinship Care. The subcommittee focused on efforts to locate and support Kinship providers. The committee submitted final recommendations for review in 2008. These recommendations include extending the licensure process period from 90 days to 120 days and waiving certain non-safety licensing standards in kinship homes. We surveyed field staff to determine if our agency should waive additional non-safety licensing standards for kinship homes. The consensus was that we would not change our current policy. We also determined that we would not extend the current licensure period of 90 days as the process can be completed successfully in 90 days.

Projects and improvements to achieve progress with Kinship Care that did occur in 2008 included:

- **July 2008** - a new form, Caregiver Court Information form, was introduced to assist the resource provider with participating in the court process
- **July 2008** - opportunity for participating in additional parenting training was made more accessible with the introduction of a form to attend trainings provided out side of the CD
- **November 2008** - new forms were introduced to assist resource providers with the Fair Hearing Process
- **December 2008** - the transportation policy was revised to enhance the reimbursement of transportation costs
- **December 2008** - policy was revised to pay for fingerprinting costs for respite providers
- **December 2008** - additional resources were introduced to staff to assist with completing background checks on resource homes
- **December 2008** - revisions were made to the application for becoming a resource provider and the medical questionnaire form that provides for increased privacy
- **December 2008** - an additional requirement was introduced that resource providers must review, agree to, and sign that they will follow safe-sleep practices as outlined by the American Academy of Pediatrics
- **January 2009** - respite policy was revised to enhance the respite services available for resource parents including resources and support

#### ***Supervision Advisory Committee***

This committee represents the "finest" supervisors from around Missouri. Supervisor participants are selected by the Regional Directors and are based on outstanding performance and strong leadership ability. The committee maintains its focus through a strategic plan developed with the assistance of the National Resource Center for Organizational Improvement (for more information see Supervisor Committee History).

The committee is governed by a Charter, see Attachment C, and meets quarterly to discuss new or pending issues including policy, program and practice areas impacted by quality supervision. At the end of every meeting, a member of the Children's Division's Executive team attends and gets briefed on outstanding issues and proposed ideas to enhanced supervision across the state. The strategic plan and exec team's response are shared with all supervisors through a Web link on the intranet. In addition, this committee plans a bi-annual conference which provides supervisors with enhanced learning opportunities.

This committee also serves as a policy review team for the division.

#### ***Indian Tribe Consultation***

Missouri does not have federally recognized Indian tribes in the state. However, there are three Indian centers--the Heart of America Indian Center, the American Indian Council and the Southwest Missouri Indian Center, which are active in the state. The Indian Centers participated with the CD in regards to training and consultation on the latest policy development.

The Indian Centers were notified of SYAB meetings and were encouraged to participate with their youth. Although they have not participated at this time, CD will continue to seek their involvement in our activities. It is the intent of the CD to share with the Chafee contracted providers the names and contact information of the Indian Centers so as to have the contracted providers also engage in communication and possible resource sharing with the Indian Centers.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

#### ***Fostering Court Improvement Project***

Missouri's Fostering Court Improvement project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the National Curriculum for Caseflow Management in Juvenile Dependency Cases Involving Foster Care with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through an external website ([www.fosteringcourtimprovement.org](http://www.fosteringcourtimprovement.org)) and other sources within the CD. Quality Assurance (QA) staff from the Children's Division assists circuit court staff identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

The AFCARS reporting system traditionally utilized a cross-sectional design which gathers child level point-in-time data rather than longitudinal child data from date of removal to date of discharge. This allows only point-in-time descriptions and retrospective reporting of outcomes rather than tracking children's progress from point of removal to discharge out of foster care. FCI combines expertise developed at Emory University and University of Illinois at Urbana-Champaign to convert existing AFCARS data into a longitudinal data system that will support court performance reporting and data collection. The CD is now utilizing this software to stitch together Missouri's six-month AFCARS submissions into longitudinal records. The longitudinal product created populates a new website that is to be posted online quarterly. The website ranks, by county, children's division regions, and judicial circuits, a broad range of data items pertaining to removal, foster care population and discharges.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. These sites received training in mid-October 2006. The project expanded to include the following three circuits which participated in the training provided in September, 2007: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). In the fall of 2008, four more circuits were added: Circuit 2 (Adair, Knox and Lewis counties); Circuit 5 (Buchanan and Andrew counties); Circuit 40 (Newton and McDonald counties); and Circuit 45 (Lincoln and Pike counties). Each circuit volunteered to participate in the project.

The 10-15 member teams which attended the training included the following: Judge; Court personnel such as juvenile officers and court administrators; Juvenile clerks; Attorneys who represent state (JO attorney & DLS attorney); Attorney who represents parents; GAL/CASA and CD; and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. OSCA and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement reform efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several Circuits (13th, 22nd, 23rd, and 31st) have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these data reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardians ad Litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. In addition, communities are being involved in ways not seen before.

The future of the Fostering Court Improvement Project is bright. Circuits continue to request to participate. The goal of FCI is that every circuit will adopt these practices and it will no longer be a "project" but a common practice.

#### ***Juvenile Court Improvement Project***

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. Members serve on a 2-year term. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Court Administrator staffs both committees.

Appointed members include:

- Honorable Cary Augustine, Associate Circuit Judge and Administrative Judge of the Family Court, 13th Judicial Circuit. Judge Augustine is also the liaison to the Family Court Committee.
- Honorable Stanley Moore, Circuit Judge of the 26th Judicial Circuit
- Honorable Robin Ransom Vannoy, Circuit Judge of the 22nd Judicial Circuit
- Ms Lois McDonald, Missouri State Foster Care and Adoption Advisory Board
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31st Judicial Circuit
- Ms. Susan Savage, Assistant Deputy Director, CD, Missouri DSS
- Mr. Jeff Adams, Training Program Manager, CD, Missouri DSS

#### **4. Practice**

##### ***Foster Care Strategies***

See Annual Permanency Section, Foster Care Strategies

##### ***Fatherhood Initiative***

The Children's Division is making diligent efforts to improve outcomes for children by ensuring noncustodial parents are actively engaged in case planning. Currently the focus is on fathers, because in most instances, fathers are the noncustodial parents. A fatherhood workgroup has been established with CD staff and community partners. Recently a survey was distributed to field staff across the state to assess how "father friendly" CD was when dealing with fathers. The data was collected and analyzed, and discussed with the workgroup.

The workgroup recently met and decided a statewide fatherhood committee was needed to fully address areas of need to improve child welfare practice and outcomes. In addition the workgroup felt a need for a governing charter to and strategic plan to keep the work of this group focused. Once additional government and community partners are identified and invited into the workgroup, development of the charter and strategic plan will begin.

##### ***Interstate Compact on the Placement of Children***

The progress achieved in this fiscal year includes the continuing awareness and implementation of Public Law 109-239 (Safe and Timely Interstate Placements). The implementation of clearer policy has strengthened the worker's ability to set deadlines and make all parties accountable to comply within the 60-day timeframe to meet the established goals. A training session was videoed, placed on the Children's Division (CD) Intranet, and distributed to CD Circuit Managers and Juvenile Courts to offer continued education on the policy and procedures of ICPC. In conjunction with the Office of State Courts Administrator, Interstate Compact for the Placement of Children (ICPC) participated in the Court Improvement Program to improve procedures to resolve barriers of moving children into permanency.

In SFY-08, Missouri ICPC served 3,018 children, which included 662 requests for services from other states for Missouri children, and 858 out-of-state requests for Missouri services on behalf of children from other states.

Missouri's border agreements with Illinois and Kansas remain in effect relative to parent and unlicensed placement resources in coordination with ICPC.

##### ***Native American Collaboration***

The CD Central Office has undertaken a considerable effort in the past year to improve compliance with the ICWA. The division has utilized

training/TA through the National Resource Center (NRC) to provide ICWA training to top level management from each of the regions. Additional training was provided to field staff across the state, completed late fall of 2008. An Indian Ancestry questionnaire was developed for use at the onset of any alternative care case. The questionnaire is to be completed by every family where a child is at risk of being removed from the home to document any or no Indian heritage. State ICWA policy was modified to clearly and concisely guide a worker through the ICWA process when an Indian child has been identified. An ICWA checklist was also developed to assist a worker with ICWA compliance. It is our intent to assist staff in identifying Native American children and families and in locating appropriate resources.

CD Central Office staff attended the American Indian Symposium in November 2008. Staff were trained on Indian culture and effective tribal collaboration. Staff attended workshops that dealt exclusively with ICWA compliance issues.

Please refer to last year's APSR on the five major components of ICWA. There have been no major changes to how the state collaborates with the Indian Centers. During the past year, the Southwest Indian Center and The Heart of America Indian Center in Kansas City have been invited to participate in the quarterly CFSR Advisory Committee meeting. Neither agency attended nor did they respond to the invitation.

Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe of the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

Discussions are ongoing regarding the recruitment of Native American youth for local or the state youth advisory board with the OYP contractors. Nonetheless, strengthening both local and SYAB recruitment continues to be an area of focus for the CD.

All benefits, services and programs are made available to Indian youth in the state on the same basis as other youth.

Indian Center representatives have also joined the CFSR Advisory Committee.

#### ***Family and Children's Electronic System (FACES)***

Missouri continues development of its single statewide system. Missouri's final SACWIS component, Resource Management and Financial Management, is currently being tested and will be implemented by June 2010.

As with any automation development effort, FACES struggles to keep up with the ongoing changes that need to occur in the production environment as well as the changes made to legacy system that need to be mirrored in the development environment.

Continued data clean-up efforts have also been necessary to make the data converted from legacy systems conform to the new, more stringent processing rules in FACES. As data integrity issues are identified, FACES staff perform system testing to ensure that appropriate edits are in place in the new system, and if not, to add the necessary edits to prevent the anomalies in the future.

The accompanying cultural change for staff has been a challenge as well, however FACES training sessions deliberately focused on the development of local FACES experts with the depth of knowledge necessary to provide the critical on-site support necessary to ease the transition.

Annual visits by ACF analysts have provided valuable feedback to ensure that SACWIS requirements are met. An ACF visit is scheduled for June 22-24, 2009.

Legacy Systems - Ongoing legacy systems changes has been a challenge for a variety of reasons, the primary one being that knowledgeable IT IDMS programmers are difficult to obtain and retain. Contracted programmers are currently providing this critical function.

AFCARS Review - An AFCARS review was conducted in Missouri during March 2009. Several system changes and practice changes are required. The AFCARS Review Report is expected in July 2009, however Missouri is in the process of initiating and processing necessary system changes through a comprehensive AFCARS Improvement Plan.

#### ***Child Care Efforts***

The CD is developing an interface with its Family and Children Electronic System (FACES) and the Family Assistance and Management Information System (FAMIS) which is supported by the Family Support Division (FSD). This system interface will provide child welfare workers with enhanced features in determining eligibility and authorizing child care for children receiving services through the child welfare system. This interface will streamline the child care system by allowing eligibility, authorizations, and child care providers to be paid through one system, thus improving the accountability of the child care program. The interface is expected to be completed by June 30, 2010.

Additionally, the CD is developing a claims and restitution system to support the child care subsidy program. This system will streamline the identification, collection and management of child care provider claims. This system is expected to be completed by June 30, 2010.

The CD continues to move forward with its efforts of developing an electronic time and attendance system for child care subsidy utilizing a biometrics application. The specific technology will use a finger imaging process to capture the identity of children accessing child care and any authorized adult assigned permission to remove children from child care settings. The technology will use a touch pad device, located at the child care facility, to check children in and out of care. A parent, or other authorized adult, will use their finger image to validate their identity and

relationship to the child entering or leaving care ensuring child safety, and the child's image will be used to capture the actual time child care is accessed. The touch pad device will capture a logarithm of the finger image to verify identity and eligibility information. This information will be transmitted back to the DSS child care subsidy system which will calculate the validated attendance and, ultimately, generate the appropriate payment to the child care provider.

### ***Older Youth Efforts***

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or that obtained legal guardianship after the age of sixteen as well as former foster youth. Implementation of contracts began January 1, 2008. The contract contains language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in each life skill.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists
- Procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan
- Helpful resources to engage youth in permanency and education planning

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed ninety days prior to the youth leaving care and documented on the Adolescent FST Guide. In FY10, a memo regarding transition planning and Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation will be disseminated to staff and available on the intranet/internet.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development. In FY09, a workgroup revised the performance assessment reporting tool, CD-95, Individual Life Skills Progress Report, to be more descriptive and in compliance with the National Youth in Transition Database (NYTD) domains. In FY10, this form will be available through the FACES system.

In FY09, a pilot program was implemented in three of the seven regions of the state to examine the Transitional Living Program's (TLP) utilization. At each Family Support Team Meeting, a TLP consideration form is completed by the case manager and signed by the youth indicating if a referral will be made and if not, reasons for this. The pilot will end in June and the workgroup will convene in July to review the data and discuss next steps for FY10.

In FY10, sample file reviews will be conducted of youth receiving Older Youth Program Services. Reviewers will look at documentation and services being provided to youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

In FY09, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers and services began and will be completed in FY10. The reviewers are representatives from Budget and Finance, Contract Management and the Practice and Professional Development Unit. Reviewers are looking at documentation and services being provided to youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

### ***Chafee Foster Care Independence Program***

See Chafee Section

### ***Educational Training Vouchers***

See Chafee Section

### ***Healthy Care Services Plan for Children and Youth***

Missouri currently utilizes the EPSDT guidelines to ensure that children in care have developmental assessments as well as vision, dental and

hearing services as outlined below: EPSDT screenings are known in Missouri as Healthy Children and Youth (HCY) screenings, or, simply, well-child checkups. Missouri Care follows the 2000 American Academy of Pediatrics schedule for preventive pediatric health care as a standard for screening frequency. The schedule is listed below:

- Newborn 9-11 months
- By one month 12-14 months
- 2-3 months 15-17 months
- 4-5 months 18-23 months
- 6-8 months Each year, from ages 2-21

Components of a full EPSDT screening include:

- Health and developmental history (both physical and Behavioral Health)
- Complete physical exam
- Health education
- **Immunizations** and lab tests, as indicated
- **Lead screening and testing**, as indicated
- Developmental screening
- Fine motor/gross motor skills screening
- Hearing, vision, and dental screening

The Children's Division is coordinating with the Department of Mental Health and the MO HealthNet Division to provide consistent comprehensive care to each child in a foster care placement. The work that is ongoing with both of these departments is designed to meet physical and mental health and dental care for children in the alternative care system. It is proposed that this coordination can be achieved by utilizing the electronic data, having a review done by medical staff as well as a protocol for use of this information for every child as a part of routine reviews and case planning. Additionally, the Division has begun pursuing coordination with DMH to identify multiple psychotropic drugs and or contraindicated medications automatically and alerts provided to staff to address. A review was done in 2008 to determine any contraindicated medications that were being prescribed to children and youth in alternative care and the Department of Mental Health sent notification to the providers where contraindications were discovered. Trends were reviewed by a workgroup of experts from DMH, MO HealthNet and Children's Division, with the intent for these reviews to be on going.

The Division is committed to designing a centralized, comprehensive medical record and is exploring the ability to create this record from existing systems with MO HealthNet and DMH through use of cyber access. A policy review is ongoing to determine the best practice to obtain the maximum benefit from the medical record including sharing the information at each case review and FST as well as reviewed for follow up with the supervisor during routine conferences. Additionally, all information will need to be updated in the FACES system to document the compliance with ongoing medical care and screening. Policy will be written to instruct staff on utilizing the medical record to benefit children.

The Division currently utilizes MO HealthNet consultants when specific assessments or guidance on appropriate medical treatment is necessary. The Division welcomes the opportunity to work with a group of experts that can assist us with assuring best medical planning and follow through for children in A/C and is adding to what we are already working with in cooperation with DMH and MOHealthNet. The Division will be forming a workgroup with representatives of CD, DMH, and MO HealthNet to address the coordination and service provision.

## 5. **Prevention**

Family Support services are community-based services that promote the safety, permanency and well-being of children and families and are designed to maintain and strengthen families.

### ***Family-Centered Services***

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). FCS may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment or family dysfunction and promoting health and appropriate parenting skills. FCS seeks to empower the family and minimize its dependence upon the social service system. During SFY 08, there were 17,759 active FCS cases compared to 18,473 during SFY 07. There were 8,780 new cases opened and 9,024 cases closed during SFY08. These include service cases with intact families and families with child(ren) in out-of-home care. Approximately 35 percent of FCS families served were the result of substantiated child abuse/neglect reports and 18.4 percent were the result of Family Assessments. Family requests for preventive services were make up 33.86 percent of the group served.

In SFY08 a workgroup was formed to utilize the Strengthening Families approach by embedding effective prevention strategies into existing systems. This workgroup is comprised of Children Service Workers, Children Service Supervisors, Children Service Trainers, Child Welfare Program Development Specialists, and Early Childhood Program Development Specialists. Strengthening Families focuses on family supports and resources that already exist in their homes and communities. Recommendations have been made on how to make use of the Strengthening Families five protective factors to help support families. The group will continue to meet and shape conversation around how to embed the

Strengthening Families protective factors into our policy and practice.

### ***Intensive In-Home Services***

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement.

CD staff provides intense, time-limited family preservation services to families for 25 percent of the cases and purchases services through contractors for 75 percent of the cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist carries two cases and assesses the family within 24 hours of referral. If the family is deemed appropriate, services begin immediately. Cases will not be opened for families when safety of the child cannot be assured. The IIS specialist is available to the family 24 hours a day, 7 days a week. The services are provided in the family's home or natural environment that may include neighborhoods, school or work settings. The intervention is intensive with twenty hours a week or more devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services are time-limited lasting, four to six weeks.

IIS services are available to all 45 circuits within the State of Missouri. In the last two years, there has been an increase in the number of IIS cases that CD handles in house and a decrease in IIS cases contracted out.

An IIS referral is required in all cases when a Children's Service Worker plans to recommend removal of a child. If a child is removed on an emergency basis, a supervisory conference is required within 72 hours and prior to the protective custody hearing to determine whether the family should be referred to IIS. In the last five years, CD has consistently used the IIS program. The IIS program has successfully diverted a significant number of children from entering alternative care. Specifically, in fiscal year 2008, 3,356 at-risk children were accepted into the IIS program. In each of the last five years, over 86% of families remained intact at the end of IIS intervention. The data supports the fact that specialists are assessing families and providing identified services families need to be successful, allowing them to remain intact.

At the end of an intervention, satisfaction surveys are sent to families requesting feedback. Feedback is reviewed and practice and process changes are suggested to policymakers.

In November of 2008, the IIS program was phased into Missouri's SACWIS system - FACES (Family and Children's Electronic System). Within this program, CD and contracted staff input contacts with families, family support team information, family assessment and resource information. This new information system is intended to streamline the IIS program statewide. In addition, the new system has promoted better communication between CD and contracted IIS providers as all parties have access to the same information regarding the IIS intervention. A new process was developed for referral entry and case opening which will enable the referral process to be consistent statewide.

### ***Building Healthy Families (BHF)***

See Repeat Maltreatment in Partnership/Collaboration Section

### ***Child Care***

The CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the FSD. Currently, child care subsidies help support approximately 40,000 low income children with about 3,000 children identified as protective services.

For Fiscal Year 2009, the Children's Division was able to maintain the eligibility income limits at 127% of the Federal Poverty Level (FPL) and introduce a transitional benefit package for eligible households. The intent of the transitional benefit is to reduce the "cliff effect" where families find themselves having their out of pocket expenses go from approximately 10 percent of their income to being responsible for the entire child care cost. Child care providers received an increase to their child care reimbursement rates for FY 2009. Rate increases may apply to certain child care providers as a result of an overall rate restructuring. Rates were adjusted to better reflect the market in certain areas, as reported in a Market Rate Survey and established by DSS.

The Contract and Compliance Team (CCRT) continues to generate cost savings in the child care subsidy program allowing the CD to reinvest into the program. To date, the CCRT unit has completed on-site monitoring of 2,893 of the approximately 5,000 child care providers receiving payment on a monthly basis. As a result 225 contracts or registration/payment agreements have been closed.

Child care subsidy provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The child care subsidy program assists in supporting the safety and well-being of children in low income families by providing parents with a choice other than unsafe environments for their children. Maximizing funding for child care subsidy ensures DSS is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

### ***School Based Service Worker Contracts***

During the 2008-2009 academic year, the CD contracted with 43 school districts throughout the state for 60 workers. The primary goals of the school based service worker agreement includes the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

New contract requirements began with the 2007-08 school year, allowing for a more effective (outcomes based) reporting process. During the 2007-08 school year, there was an average per school per month of 13,245 of children enrolled in the contracted school districts. The school based service workers served approximately 6.9% of the children enrolled in school and approximately 4.7% of families.

In addition to aggregate data, the workers also provide summary information on child abuse and neglect prevention activities performed for the children and families served. Services included referrals for child abuse/neglect, counseling, mental health, attendance or academic issues, classroom behavior, health/medical, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, dental, and housing.

Restrictions under Family Educational Rights and Privacy Act continue to prohibit identifying information on clients from being obtained through the schools; however, workers are monitored internally, on their performance in compliance with the state contract by the designated school supervisor.

A committee of school based service workers was formed during the 2008-2009 school year to develop a quarterly newsletter. A newsletter will be developed for the upcoming school year to foster collaboration efforts between school districts and local CD offices, and will also include training information, hotline information, and other related subjects.

#### ***Child Care and Development Fund***

The Missouri Child Care Resource and Referral Network (MOCCRRN) provided child care referral services for approximately 25,669 families during SFY 08. This includes referral calls and on-line searches. Of the 25,669 families who were provided referral services, 15,640 families accessed services on-line. The MOCCRRN also served as the primary training resource for child care providers. Trainings coordinated and provided statewide were developed by the Department of Health and Senior Services, Section for Child Care Regulation. The trainings are Basic Child Care Orientation Training (CCOT), Infant Toddler CCOT, and School Age CCOT. In FY 08, MOCCRRN offered 2,600 training clock hours for 14,950 participants in 1022 sessions.

The OPEN (Opportunities in a Professional Education Network) initiative is the state's early childhood professional development system and includes a Professional Achievement and Recognition System (PARS) and Trainer Registry. In SFY 2008, 1,107 participants were added to the PARS registry which totaled 6,880 participants. This registry tracks child care providers and their staff's education and professional development. During the same timeframe, 224 trainers were added to the Trainer Registry which totaled 1,540. This registry tracks education and professional development of trainers who provide training to child care professionals. OPEN has been an intricate partner in the oversight of the Quality Rating System (QRS) pilot project. The QRS is an initiative which rates child care programs according to the quality of the program using a state approved rating tool. The data collected in the PARS registry along with the Trainer Registry is important to making QRS work statewide. OPEN provides statewide leadership on mentoring and articulation on early childhood career development.

The Educare program provides training and technical assistance to subsidized child care programs. Educare is available in 63 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills. In SFY 08, Educare impacted over 39,000 children in over 1400 programs. Educare also provides training on child care subsidy payment system to the providers, many of whom are referred by the Division of Finance and Administrative Services, Contract Compliance Review Team identified as needing technical assistance with subsidy requirements. In SFY 08, Subsidy Orientation Training was given to 154 participants.

#### ***Early Childhood Development Education and Care Fund (ECDECF)***

The ECDECF was created by setting aside a portion of the entrance fees to riverboat casinos. This funding is set aside for four programs specified in Missouri statute and administered by DSS.

##### **1. Early Head Start (EHS)**

State funding currently provides one quarter of the total EHS slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents. In SFY 08, ten Missouri EHS grantees served 1,062 children and continually provide 571 childcare slots for those eligible. MO EHS grantees partner with community child care providers to provide EHS services. In SFY 08, there were 2,229 non-EHS children impacted by the services of EHS professionals throughout the state. Head Start at the federal level was re-authorized in February 2008. There were many changes within the reauthorizations, which will have a major impact on Head Start programs. Program providers are anxiously awaiting clarifications and specific policies on these changes along with timeframes as to when these things must be completed. Some guidance has been released but clarifications are continuing to come from the Office of Head Start.

##### **2. Start-Up Expansion**

In SFY 08 there were 36 competitive bid grantees and 160 licensed slots were added by the new grantees. Of the 36 grantees, 25 were in the second or third year. Therefore, their licensed slots had already been added in previous years. There are eight Community Partnerships who also received this funding. They added 315 licensed slots within 76 child care facilities.

##### **3. Stay at Home Parent**

In SFY 08, 16 competitive bid contractors served 8,332 children in 6,823 families. Eight Community Partnerships received this non-competitive funding and served 221 families with children between ages 0-3. These contractors are required to screen the children for developmental delays and social emotional health by using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire Social Emotional. The parental stress levels must be screened by using the Parental Stress Index. Contractors are also required to track how much time parents spent reading to the children and to provide developmentally appropriate books to the families. The competitive bid contracts were re-bid in 2008. In FY 2008, there were some changes to the requirements when the program was re-bid however, the goals remain the same.

#### 4. Accreditation Facilitation for Child Care Providers

Accreditation funding provides a 20 percent increase in child care subsidy base rates to accredited providers as an incentive for child care providers to become accredited and to support the additional costs of being an accredited facility. Providers eligible for this base rate increase include providers accredited by NAEYC, NAFCC, COA, NECPA, CARF, and Missouri Accreditation. In order to maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges. Accreditation Facilitation services are available across the state through the Missouri Child Care Resource and Referral Agencies to assist child care providers that serve subsidized children to become accredited. These services vary across the state and may include but are not limited to on-site technical assistance, scholarships for staff, equipment and training. In SFY 2008 279 child care providers received these services. Eight Community Partnerships also receive this funding and in SFY 2008 they served 101 child care providers.

#### ***Strengthening Families***

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach to build five Protective Factors in families:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Children's social and emotional development

Research shows that these factors reduce the incidents of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, program staff can recognize signs of stress and build families' Protective Factors with timely, effective help.

This breakthrough strategy for dealing with child neglect and abuse shows great promise because:

- The Protective Factors have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the Protective Factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.
- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.
- Early childhood educators want to strengthen families: a National Association for the Education of Young Children survey shows that 97% want to do more to prevent maltreatment.

Although Strengthening Families was developed in early care and education programs, partners in a large variety of settings working with many different populations are exploring ways to apply the approach.

#### ***Strengthening Families Through Early Care and Education***

This initiative is supported by the Center for the Study of Social Policy and the National Alliance of Children's Trust Funds through funding by the Doris Duke Foundation. Missouri has proceeded with the implementation of the Strengthening Families through Early Care and Education initiative. The goals are to incorporate five protective factors to the extent possible in CD's early childhood and child welfare programs and to create better linkages with other child welfare systems through cross training and joint initiatives. The process began with selecting six pilot sites that will serve as exemplary sites with the hope that eventually they will mentor other sites in the Strengthening Families model.

The pilot sites were chosen in FY 2007 along with a contractor to provide technical assistance in embedding the protective factors into their programs. The five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and the Social and Emotional Competence of Children have been woven through or embedded within a variety of major initiatives and programs including; training for frontline child welfare staff, training for foster parents, the Parents as Teachers National curriculum, the Prevention module of basic child care orientation training for child care providers, the Children's Trust Fund discretionary grant program, the statewide strategic plan developed under the national MCFH Early Childhood Comprehensive Systems (ECCS) Plan grant that guides the work of the Early Childhood Coordinating Board appointed by the Governor, the state Quality Rating System, and a variety of grants and initiatives of the

various state agencies engaged in early childhood activities. This work will continue on an ongoing basis.

Several individual city, county and community initiatives are also beginning to utilize the Strengthening Families model in their infrastructure to support parent involvement and to embed the protective factors in their programs and initiatives. In conjunction with the ECCS plan, the SFI steering committee will be developing outcome measures and strategies as part of the ECCS strategic plan. The CD is working to contract with someone as a project manager for this initiative to begin at the end of FY 08 and continue through FY 09. The project manager will work to move the initiative forward and to meet the goals of the original plan. Due to budget shortfalls the CD has not yet been able to contract with a project manager however the work continues.

The CD is also working to embed the Protective Factors and SFI philosophy and framework in its child welfare policy, practice, and training.

#### ***Intensive Family Reunification Services (IFRS)***

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. Intensive Family Reunification Services are based on the belief that families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community to enable families to be safely reunified. The goals of IFRS are to assist the family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren), and to develop a plan with the family which will maintain the child(ren) safely in the home for at least one year following the intervention.

CD staff and contracted staff provide intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. An IFRS Specialist will carry no more than three families at any given time and a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS Specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days.

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) was utilized for a pre and post functioning to measure changes in family functioning during an IFRS intervention. This tool is currently being used by staff and contractors statewide and will continue to be used as the assessment tool for IFRS.

Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division and placed in out-of-home care. Sites offering IFRS include:

Site #741: Lawrence, Barry, Stone, Newton, McDonald Counties

Site #941: Jackson County

Site #942: St. Louis City, St. Louis County, St. Charles and Jefferson Counties

Site #943: Boone, Callaway and Cole Counties

Site #944: Franklin, Gasconade and Osage Counties

Site #945: Cass and Johnson Counties

Site #946: Washington, Ste. Genevieve, St. Francois and Madison Counties

Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties

Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties

Because of the growing need, eight new sites were added to expand the services to rural areas of the state which include:

Site #841: Andrew and Buchanan Counties

Site #842: Jackson County

Site #843: Maries, Pulaski, Phelps, and Texas Counties

Site #844: Jasper County

Site #845: Greene County

Site #944: Audrain, Montgomery, Warren, Pike, and Lincoln Counties

Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid, Pemiscot, Stoddard, and Dunklin Counties

Site #950: Christian and Taney Counties

Of these sites, there are 8 IFRS specialists who work for the Children's Division and 26 IFRS specialists who are contracted providers.

The IFRS program continues to be used with high success rates. Children are reunifying with their families earlier with this intensive program.

In November of 2008, the IFRS program was put into FACES (Family and Children's Electronic System), which is Missouri's SACWIS system. Within this program, CD staff and contracted staff input contacts with families, family support team information, family assessment, and court information. This new computer system is meant to streamline the IFRS program statewide. The new computer system will provide data on how many children were reunified through this program and their status at 3, 6, and 12 months following intervention. Then, program success can be determined.

### **Crisis Nursery**

Crisis Nurseries provide temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition that requires immediate action resulting in short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Nurseries serve children age birth through 12 years of age (and siblings of these children if necessary). Care for this age group is typically due to an immediate emergency where the parent has no other support systems to provide care and the child is too young to be left alone, such as parental incarceration, another sick child in the household, homelessness, domestic violence, parental illness, etc.

Crisis Nursery services are provided free of charge to families voluntarily accessing services in response to such a family emergency. Crisis Nursery services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis nursery facility at any time, day or night, if space is available. Crisis Nursery contracts are awarded through a competitive bid process which was rebid in 2007. Currently there are twelve (12) crisis care nurseries across the state. In FY 2008 4,974 children were served in crisis care nurseries.

### **Teen Crisis Care**

Teen Crisis Care Centers provide a safe haven for teenagers, ages 13 through 17 years, who are experiencing a crisis at home. Teens experiencing crisis, and lacking a safe haven, may also resort to participation in risky behaviors in order to survive. As a result these teens sometimes fall prey to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death.

Older youth seek crisis care services as a result of problems that have been typically building over time, such as an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. These situations typically take time to resolve or to make alternate more permanent arrangements. As a result, in addition to providing a safe place for a "cooling off period", teen crises typically require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referral to permanent support services within the community.

Teen Crisis Care services are provided free of charge to families voluntarily accessing services in response to such a family crisis. Crisis care services are available twenty-four (24) hours a day, seven (7) days a week. A teen will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process which was rebid in 2007. Currently there are nine (9) teen crisis care centers across the state. In FY 2008 433 teens were served in the teen crisis care centers.

## **6. Professionalism**

In addition to the Children's Division directly providing training, other entities who will be used to provide short term training will include (but not be limited to) OSCA and CASA. Additional categories of trainees will include relative guardians; staff from state-licensed or state-approved child welfare agencies providing services to children receiving title IV-E assistance; child abuse and neglect court personnel; agency, child or parent attorneys; guardians ad litem; and court appointed special advocates per PL 110-351.

### **Professional Development and Training SFY 09-10**

Children's Division Professional Development and Training has continued to develop and deliver an initial core and ongoing in-service training program for all new Children's Services workers and supervisors. The training is based in agency policy and best practice and is designed to provide a consistent core structure, but also provide ongoing in-service opportunities based on needs identified through individual, regional or circuit specific assessment, as well as professional development plans between staff and first line supervisors. The professional development of staff is considered to be a "system" within the agency and must rely on numerous key elements working in concert together including classroom training, on-the-job-training and reinforcement of clinical skills in the field between staff and the first line supervisor.

### **On-the-job Training**

For a full description of the on-the-job training, please see [CFSP progress FY 2005-2009](#) section, page 76.

### **360 Evaluation Process**

A 360 evaluation process has been implemented in the Missouri Children's Division for first line supervisors up to Regional Directors. There were approximately 150 supervisory and management staff who participated in year one .In SFY09, Year One regions consisted of the Northwest, Southwest, and Jackson County. For FY10, Year Two regions will consist of the Northeast, Southeast, St Louis City and County. Professional Development Consultants are utilized to provide expert, objective, in person analysis for each participant. The 360 process is designed to provide

a multi-source assessment, a full-circle overview of a person's performance on the job by soliciting feedback from superiors, peers, direct reports and self on behaviors that are specific to the job assignment. The intent is to allow each individual to understand how his/her effectiveness as a subordinate, co-worker or superior is viewed by others in the organization that has the most immediate daily interaction with the person. The data generated from this process is unique to the individual and are their confidential property. They are not used for organizational personnel assessment purposes. The goal of the 360 process will be to have impact an individual's professional growth and overall organizational effectiveness, provide well-rounded feedback from a number of sources which will increase the validity and reliability of performance judgments, promote teamwork by helping members understand how they are perceived by peers, and assist in making staff more accountable to one another because of shared input into each others performance. The feedback received will be a crucial way of understanding each employee's unique developmental needs by providing information on what he/she needs to do to enhance career. For this latter reason it is absolutely essential that the 360 evaluation be paired with structured professional feedback and assist the employee in formulating an Individual Employee Development Plan.

### ***Child Welfare Practice Basic Orientation Training***

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new Children's Division staff and new contracted agency staff. The initial in-service training takes place during the first several months of employment and currently includes 126 hours of classroom training provided by Children's Division trainers combined with on-the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training.

The new Children's Services Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties.

There are five classes in the initial Basic Orientation curriculum:

- Family-Centered Philosophy and Skills Training
- Child Abuse/ Neglect Investigations/Family Assessments/ Application of Family Centered Philosophy and Skills for Intact Families
- Expedited Permanency and the Family-Centered Out-of-Home Care Process
- Children's Division Systems Training
- Reinforcement and Evaluation

As of June 2009, a total of 20 regionalized sessions of Child Welfare Practice Basic Training have been conducted for 304 participants.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible; sessions conducted regionally to provide greater availability to staff and minimize travel cost )
- Duration category of training activity - full time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training - A complete session is currently 126 hours over 5 weeks with approximately one -two weeks in between each for OJT skill practice activities
- Audience to receive the training - All new Children's Division front line social services staff and contracted agency staff providing case management
- Description of the estimated total cost - approx. \$ 310,000 per year (18-25 sessions per year conducted regionally )
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services
  - Preparation for and participation in judicial determinations
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision
  - Recruitment and licensing of foster homes and institutions

### ***Core In-service Modules for Front Line staff***

In addition to the CWP Basic Orientation for new front line staff, the Professional Development and Training Program offers 3 core in-service modules for staff. The in-service modules serve as the next level of skill development for staff following completion of the initial CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training as well as On the Job Training. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory

component followed by the sessions for the worker. Depending on the area of specialization, staff are required to complete one or all of the sessions.

#### ***Investigation and Assessment Core In-service***

This 4-part in-service module will provide concentrated focus on the identification and response to specific types of abuse and neglect .Various methods of instruction will be used to explore Critical Thinking Skills, Social Investigation/Assessments, Multi-Disciplinary Teams, Supervisory Consultation, Decision Making, Worker/Child/Family Safety & Risk, Interviewing Children and Adults, Documentation, Introduction to Child Advocacy Centers, Physical Abuse, Sexual Abuse, and Physical Neglect, and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

As of this date in SFY 09, 2 supervisory sessions and 5 worker sessions have been conducted for a total of 82 participants. Additional sessions are planned for SFY 10.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training - 32 hours; offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost -\$30,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - Referral to services;
  - Preparation for and participation in judicial determinations;
  - Placement of the child;
  - Development of the case plan;
  - Case reviews;
  - Case management and supervision

#### ***Family Centered Services for Intact Families Core In-service***

This in-service module will provide the knowledge and skills for a CD staff person providing service to intact families. Concentrated focus will be on Engagement Skills, Safety/Risk Assessment and Re-assessment, Safety Planning, Family Support Team Meetings, Family Specific Service and Treatment Planning, Underlying Issues/Family Functioning, Case Planning and Case Documentation and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY 09, 2 supervisory sessions and 5 worker sessions have been conducted for a total of 61 participants. Additional sessions are planned for SFY10.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training -14 hours offered 2- 4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost - \$ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - Referral to services
  - Preparation for and participation in judicial determinations
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### ***Family Centered Services in Out of Home Care Core In-service***

This in-service module will focus on the knowledge and skills of a CD staff person providing family centered out of home care services to children and families. Concentrated focus will be on facilitating family support team meetings, concurrent planning/case planning, critical thinking, case documentation, written service agreements, safety assessment in biological and foster parent homes, risk assessment/re-assessment, court/permanency issues, case closure, children exiting care and cultural diversity and Skills Demonstration and Practice emphasis in conjunction

with On-the-Job Training Assignments.

In SFY 09, 2 supervisory sessions and 4 worker sessions have been conducted for a total of 54 participants. Additional sessions are planned for SFY 10.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training -16 hours offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost - \$ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
  - Referral to services
  - Preparation for and participation in judicial determinations
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### ***Older Youth Training***

This 12 hour training provides information on the core philosophy elements of the Older Youth Program. Youth development principles and assets are discussed. In this training, participants will:

- Learn to apply youth development philosophy and identify ways to implement youth development activities. Learn what life long and permanent connections are and the importance of each
- Learn the importance of how adolescent development relates to permanency and youth involvement
- Develop an understanding of strategies to develop connections, how to talk to youth about connections and the link between independent living service activities and permanent connections
- Gain an understanding of the responsibilities of case management of older youth and procedures for using the Ansell-Casey Life Skills Assessment
- Learn how the ACLSA provides a comprehensive approach to assessment, goal planning, life skills instructions, and the evaluation of life skill activities
- Learn how to conduct a strength/needs assessment interview and how to use the web-based Ansell Casey Life Skill Assessment
- Understand how the Adolescent FST Guide & Individualized Action Plan and resources will assist to engage youth in their permanency and education planning

In SFY09, a total of 14 sessions have been conducted as of this date for 188 staff. Additional sessions will continue to be provided in SFY10 as part of the ongoing training structure for new staff and will be completed by appropriate staff following CWPT Basic Orientation.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Training and policy staff
- Approximate number of days/hours of the training per session -2days
- Audience to receive the training - CD staff, foster parents, contracted providers
- Description of the estimated total cost - approx. \$16,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### ***Cultural Competency Training***

This 6 hour training is intended to help develop and enhance skills in working more effectively with children, families and communities from a variety of ethnic, political, economic, lingual, and religious backgrounds. This training will enhance a participant's awareness of how to be respectful of one's values, beliefs, religion, customs, and parenting styles of the families we serve. The training focuses on strategies, using strengths and empowerment based approach. In SFY09, 23 sessions have been completed as of this date for 550 staff. Additional sessions are

scheduled for SFY10.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Training staff
- Approximate number of days/hours of the training per session -6 hours
- Audience to receive the training - CD staff, contracted providers
- Description of the estimated total cost - approx. \$10,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### **Professional Ethics Training**

This 3 hour training course is intended to assist participants to:

- Become more aware of and more sensitive to ethical issues in professional practice
- Identify and grapple with competing arguments by examining their limitations and strengths
- Recognize the ethical principles involved in their practice situations
- Develop a greater understanding of the complexities of ethical decision making
- Reach thoughtfully reasoned conclusions and apply ethical principles to professional activities
- Clarify moral aspirations and standards and evaluate ethical decisions made with in the context of the profession

In SFY09, a total of 2 sessions were conducted for 25 staff. Additional sessions are planned for SFY10.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Training staff
- Approximate number of days/hours of the training per session -3 hours
- Audience to receive the training - CD staff, contracted providers
- Description of the estimated total cost - approx. \$6,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### **Adoption Training**

The 10 hour training focuses on federal laws relating to adoption, ICWA guidelines, MEPA-IEP guidelines, state laws, permanency through adoption, case planning for adoption, loss and attachment issues, impact on the child, the birth family and resource family, behavioral interviewing, child specific recruitment, writing family assessments, decision making and placement of siblings, conducting an adoption staffing, child, birth family and resource family preparation, court preparedness, and post finalization services. This training has been provided throughout the state as part of the agency's accreditation efforts. The training will continue to be provided as part of the ongoing training efforts in SFY10 for new and existing accredited sites. A total of 17 sessions were provided in SFY09 for 269 staff. Additional sessions are planned for SFY10.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Training staff
- Approximate number of days/hours of the training per session -10 hours
- Audience to receive the training - CD staff, contracted providers
- Description of the estimated total cost - approx. \$20,000 per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services
  - Preparation for and participation in judicial determinations

- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

#### **Legal Aspects Training**

For Children's Division Field Staff

#### **Legal Aspects for Investigators**

From July 2008 through June 2009, Legal Aspects for Investigators training was conducted statewide in 20 sessions averaging 27-28 participants per session. This training is mandatory for all investigators, their supervisors and management involved in substantiating POE or in providing the administrative review to uphold or reverse the finding of POE.

This two and one-half day training provided participants with the basics on federal constitutional law involving the rights of parents, children, perpetrators and the state, and how these rights impact (1) the CA/N hotline investigative process, (2) placing a person's name on the Central Registry and (3) in making recommendations for the removal of children from the home. This training also included the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the CANRB from a legal perspective.

The Critical Thinking portion of the training was specifically tailored to help investigators and supervisors at key decision-making points in the investigative process: gathering information, evaluating evidence and deciding whether or not to substantiate POE.

For July 2009 through June 2010, this training will be available in each of the four regional training areas twice per year. New staff on the investigative track will attend after completing basic as well as new supervisors and administrators who would be upholding or reversing POE when an appeal is requested. There is flexibility to meet additional needs.

#### **Legal Aspects - CA/N Camp**

This one-half day training has been recently developed and is being field-tested in late June 2009 on investigative supervisors in the southern region. It is a follow up training to Legal Aspects for Investigators. It is narrowly focused on applying the evidence gathered from the investigation to the legal elements of abuse and neglect and articulating how the facts support or weigh against each of the elements of either abuse or neglect in coming to a conclusion of POE. Once finalized CA/N Camp will be available to the field.

#### **Legal Aspects of Family Centered and Adoption Cases**

This Legal Aspects was developed within the last year and a two-day walk through was conducted in February, 2009 with 18 experienced and supervisory level field staff from across the state. The revised version was then field tested three times as a two-day training on supervisors in the southern region of the state, averaging 23 participants per training.

The revised version provided participants with (1) fundamentals of the law, (2) how constitutional, federal and state law impact permanency planning and concurrent planning and (3) termination of parental rights.

Beginning July 2010, the finalized version of this training will only be available for supervisors as a two and one-half day training concentrating on the fundamentals of the law and how constitutional, federal and state law impact permanency planning and concurrent planning. It will be conducted 8 times in the new training year in the four training regions.

#### **Legal Aspects Training to meet Circuit PIP requirements**

Two one-day trainings for staff in two circuits (26th and 30th) will be conducted this June, 2009. The content will be a modified version of the Legal Aspects training for Family Centered and Adoption workers. These materials may then also be used as a vehicle for existing staff for training in other circuits.

For Children's Division Central Office Staff

#### **Legal Aspects for Investigators overview training was conducted twice as half-day sessions for Central Office Staff averaging 10 participants per session.**

For the Children's Division Training Unit

**Attended all or parts of the various basic and in-service trainings and reviewed the materials. Reconciled CWPT week 2 training regarding elements and findings with legal aspects training. Meetings held with supervisory staff and general recommendations made. Worked with two trainers for one and one-half days on updating and incorporating legal issues into CWPT week 3 (AC cases week).**

**Three train the trainer dates have been set to work with the trainers on various legal concepts, application to the trainings and presentation in trainings.**

Training for Other Entities

#### **CANRB**

An individualized CANRB training was conducted for a new appointee for 2 hours in March. CANRB training will be conducted at least once if not twice before the end of June, 2009 for new appointees.

Met with trainer and CANHU staff on preparation for CANRB trainings in late May/June 2009. Some additional material will be developed. The plan is to offer annual trainings for the different CANRBs to suite their schedule, especially if there are one or more hearings continued during particular sessions.

#### **Office of Child Advocate**

A Legal Aspects for Investigators overview training was conducted as a five and one-half hour training for the State's Child Advocate and three of his staff.

#### **CASA**

A thirty minute presentation was made to the executive board of CASA at their annual meeting on Permanency Planning.

#### **Judicial College**

A one hour presentation was made to the judges at each of the two Judicial Colleges on Permanency Planning and TPR, focusing on a check list approach for the judges to get to termination of parental rights.

#### **Division of Legal Services**

On May 21, 2009, a fifty minute program on Permanency Planning and TPR will be conducted at the annual continuing legal education program for the DLS attorneys.

#### **JCIP - Juvenile Court Improvement Project**

1. A one hour training on Permanency Planning and a one hour training on Child Welfare Law was conducted in St. Louis City as part of a one day CIP multidisciplinary training arranged by the 23rd Judicial Circuit.
2. Participated in the committee developing the curriculum for a two day regional training for juvenile officers, children's division staff, Guardians ad litem and other participants centering on engaging families through the family support team process. This program is in draft form. Focus is on constitutional, federal and state laws impacting concurrent planning. The plan is for regional trainings statewide to cover at least seven trainings over a three to four week period of time.

#### **Community Partners**

Use of some of the Legal Aspects for Investigators materials and assistance in training for a multidisciplinary training to include community partners in the 5th circuit is being developed at this time for this summer. The training would then be available to assist circuits in explaining to community partners the impact of the Jamison decision on CA/N investigations.

Development of a Jackson County training was discussed with the regional director, the acting chief juvenile officer and an assistant prosecutor, should the regional director choose to act on it. This could include Children's Division staff, law enforcement and assistant prosecutors regarding CA/N elements, burdens of proof and standards of evidence as well as some training for CD staff on testifying in criminal cases and juvenile cases when CD unsubmits the hotline report but the juvenile officer or prosecutor chose to file on it.

#### **STARS Pre-Service, In-Service, and Spaulding Train the Trainer**

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means **S**pecialized **T**raining, **A**sessment, **R**esources, **S**kills, and **S**upport. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-trains. The service worker also is responsible for conducting the family assessment need for licensure.

The CWLA curriculum has 12 in-service modules providing over 100 hours of training. Train the Trainer courses are conducted for the same local training teams noted above. These courses are conducted throughout the state.

In addition to STARS, adoptive parents are required to attend 12 hours of training, specific to adoption, and prior to licensure. The above teams are also trained to provide the Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. A total of 8 sessions have been conducted for 132 participants who have attended STARS Pre-Service, In-Service, and Spaulding Train the Trainer as of this date in SFY 09. Additional sessions are scheduled for SFY10.

- Setting of the setting/venue of the training activity - Contracted facility or agency conference when possible
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days/hours of the training per session - STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (12 modules conducted as follows: modules 1-6 one week; modules 7-12 one week; Spaulding 3 days
- Audience to receive the training - Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families

Description of the estimated total cost - approx. \$100,000 for all trainings/multiple sessions per year

- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and will be allocated by Missouri's IV-E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the Children's Division to be placed and cared for in their homes. The following activities are addressed in this training:
  - Referral to services
  - Preparation for and participation in judicial determinations
  - Placement of the child
  - Development of the case plan
  - Case reviews
  - Case management and supervision
  - Recruitment and licensing of foster homes and institutions

#### ***Professional Development Collaboration***

Over the past year, the Children's Division has continued to move forward with collaborative efforts to strengthen the professional development and practice of agency staff. The feedback and evaluation from the training opportunities, both in the classroom, as well as in the field, has been positive overall. Staff indicate this professional development has improved individual knowledge and skill, but it has also provided a means to strengthen strategic planning and ongoing collaboration at the local level.

One of the primary partnerships that has continued is the Office of State Courts Administrator and Children's Division Collaborative. OSCA and the Children's Division continue to jointly develop and deliver comprehensive training for Juvenile Court staff and Children's Division staff on child protection and juvenile court programs that impact policy and practice in both agencies.

For FY10, Advanced Facilitation Skills Training will be offered in 9 locations throughout the state. A Family Engagement Training Conference is also being scheduled for Children's Division, Juvenile Court staff, and community partners.

In SFY09, the following joint training was provided for Children's Division and Juvenile Court staff:

#### ***Accreditation***

See [Five Year Progress Section on Accreditation](#).

#### ***Courtroom Skills Training for Good Child Welfare Practice***

This training focuses on preparing for court, professionalism in the courtroom, testifying in court, and legal terminology. Proper courtroom procedure including professionalism, understanding the role in the court process, knowing how to prepare and read court orders, knowing the required contents of a petition, preparing for testimony, understanding basic evidentiary rules, handling cross-examination, knowing how to be responsive to questions as well as understanding the statutory criteria for TPR cases are covered. As of this date in SFY 09, 2 sessions have been conducted for 40 participants. Additional sessions are planned for SFY10.

#### ***Collaboration Workshop***

Because of the successful outcomes with this workshop in previous years, the Collaboration Workshop continues to be provided. In SFY09, new circuits were trained to address the challenging relationships that exist between local court personnel and Children's Division personnel. Future mini-collaboration workshops are planned for FY10

- Teams from selected circuits will participate in a training program which focuses on teamwork, collaboration and communication
- Teams are selected from a pre-screening questionnaire on the existence and effectiveness of collaboration and communication between the two entities within their circuit
- Follow-up evaluation is implemented 2 months following the workshop to measure the existence and effectiveness of collaboration and communication between each circuit's courts and the Children's Division
- The findings of the follow-up evaluation help to determine the need for continued multidisciplinary training focusing on teamwork, collaboration and communication with local circuit teams

In SFY 09, 8 sessions have been conducted for 195 participants.

- Setting of the training activity - Contracted facility
- Duration category of training activity - part - time (section 235.61)
- Provider of the training -Office of State Courts Administrator and Children's Division Professional Development and Training
- Approximate number of days /hours of the training per session - 1 day
- Audience to receive the training - Children's Division staff and Juvenile Court staff
- Description of the estimated total cost - approx. \$50,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case management and supervision

#### ***Supervisor Training and Initial In-Service Training***

The Children's Division, in partnership with the Department of Social Services Human Resource Center, has developed a comprehensive skills based training structure for front line supervisors. The structure requires new CD supervisory staff to complete the following initial in-service training within their first year:

- Basic Orientation Supervisory Skills Training 40 hours
- Children's Division Supervisor Training 39 hours

Competency areas such Leadership, the parallel process of being strengths based and solution focused, decision making, group supervision, time management, critical thinking, case consultation, worker development and performance, ethical and liability issues, teamwork, crisis intervention, mediation, and facilitating change are the focus of the training.

As of this date in SFY 09, 7 sessions of BOSS Training have been provided to 173 participants. Additional sessions are planned for SFY10.

As of this date in SFY09, 4 sessions of Children's Division Supervisor Training have been provided to 51 first line supervisors. Additional sessions are planned for SFY10.

#### ***Ongoing In-Service Training***

In SFY09, the Children's Division and HRC continued to offer a variety of in-service training modules to provide supervisors and managers professional development opportunities beyond the initial first year training. Examples of the competency based modules offered include Art of Negotiation, Effective Discipline, Effective Meetings, Employee Motivation, Managing Diversity Problem Solving, Teamwork, and Turning Conflict into Collaboration .These in-service modules will continue to be offered in SFY 10.

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - full-time during the initial in-service training which will have both classroom and OJT; part-time for the ongoing /continuing in-service modules (section 235.61)
- Provider of the training - Children's Division Professional Development and Training Unit and the Human Resources Center, Dept. of Social Services
- Approximate number of days /hours of the training - 40 hours of BOSS and 39.5 hours of CD Supervisory initial in-service training with weeks of OJT in between classroom sessions. Ongoing in-service modules are approx 1-2 days in length. Multiple sessions will be conducted each year
- Audience to receive the training - Children's Division supervisors.
- Description of the estimated total cost - approx. \$226,000 per year. Cost includes Children's Division sessions and the Human Resource Center management course offerings
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our CAP and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Development of the case plan
  - Case reviews
  - Case management and supervision

#### ***Domestic Violence Training***

In SFY-09, the Children's Division, in conjunction with the Missouri Coalition against Domestic Violence (MCADV), conducted 8 sessions of Domestic Violence training for new Children's Division and Family Support Division staff. This will continue to be offered in SFY10. A total of 257 staff have attended the training as of this date.

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Coalition Against Domestic Violence staff and Children's Division Professional Development and Training
- Approximate number of days /hours of the training per session - 1 day
- Audience to receive the training - Children's Division and Family Support Division staff
- Description of the estimated total cost - approx. \$5,000 per year. (Grant funding secured through MCADV utilized to cover majority of training expenses)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
  - Referral to services

- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case management and supervision

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Children's Division

## Progress of CFSP Plan for FY 2005-2009

In August 28, 2003, Governor Bob Holden issued an executive order reorganizing the Department of Social Services which created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasized front line staff support with renewed committed leadership to the continuous quality improvement movement which builds on existing strengths. Just prior to the re-structure, the Children's Services underwent an extensive review of organizational needs and focused the reorganizing efforts on practice excellence. These needs included:

- A clearly articulated vision and mission
- An organizational structure aligning with judicial circuits with support through cross-functional teams at the state, regional and local levels
- Strong partnerships with communities, courts, law enforcements and treatment providers
- High quality training for all staff
- Mentoring program for new staff
- Flexible funding to meet the unique needs of children and families

Approximately ninety days following the roll out reorganizing structure, the federal Child and Family Services Review (CFSR) on-site case review occurred. Both the reorganizing efforts and CFSR outcomes impacted the development of our last five year plan. In the five year plan, there were four overarching themes. Each theme had specific goals aimed at improving services for the children and families we serve. The themes and goals were as follows:

- ***Organizational Re-structure***
  - Establish Circuit Based Leadership
  - Form Practice Enhancement Teams / Technical Assistance
  - Construct a QI/QA structure for constant evaluation of performance with improvement efforts
  - Creating true partnerships between the public and private sectors
  - Use flexible funding to meet the needs of children and families
- ***Accreditation***
  - Generate Circuit Based Assessments
  - Craft Circuit Based Program Improvement Plan
  - Reduce Caseload Sizes
  - Implementation of Performance Based Contracting
  - Achieve Accreditation
- ***Training***
  - Develop Ongoing Professional Development
  - Design Competency Based Supervision Training
  - Design Competency Based Basic Training
  - Develop ongoing training for staff
  - Design on-the-job training to assist workers in mastering performance skills and increased professionalism
  - Create Web Based Training
  - Interactive online modules and courses
  - Increase staff skill levels and education
- ***Practice Enhancements***
  - Increase Supervisor's Support
  - Produce improvements towards CFSR data indicator goals
  - Develop a SACWIS compliant management system with real time information

- Development of ongoing key early intervention strategies in service delivery
- Ongoing evaluation of safety tools
- Reduce children re-entering care
- Increase stability of foster care children with a special emphasis on early identification of family dynamics to expedite the provision of effective services

## **1. Organizational Re-structure**

### ***Establishment of Circuit Structure***

One of the earliest re-structuring events established circuit geographical partitions. These circuit geographical partitions mirrored the judicial divisions as set forth in Article V of the Missouri Constitution whereby, a circuit court has jurisdiction over all cases and matters, civil and criminal and is divided into convenient circuits of contiguous counties. By following this same grouping and establishing a circuit manager position, familiarity with local court procedures increased which enhanced court relationships. This structure's purpose was to foster trust and increase communication with our courts personnel, in turn, our service delivery would benefit.

The organizational structure not only changed geographically but also internally. Both processes focused on responsiveness and support to our consumers and our employees. Recognizing we have extremely dedicated employees, the new design sought to honor and respect our employees by increasing skilled personnel, improving communication, strengthening supervisory support and bolstering our quality assurance and quality improvement activities.

### ***Practice Enhancement Teams / Technical Assistance***

The Children's Division has created a model for solving identified issues. The model consists of two paths, one requires the forming of a workgroup, and the other requests in-the-field technical assistance and support from the Central Office Staff.

#### ***Workgroup Formation***

The workgroup model may be useful on the micro, mezzo and macro levels. The group participants are chosen according to their expertise in the subject matter by an administrator. The group assesses and evaluates all information surrounding the issue and in a solution focused fashion prepares recommendations for consideration. This model has proven very successful for some types of issues. For example, workgroups have been used on the macro level to study how to measure success in preparing youth for adulthood for the foster care case management contracts. Through their recommendations, the contractors are capturing the success measures and these are to be considered when developing the next foster care case management contracts.

#### ***Technical Assistance / Field Support***

In order for Central Office to provide solution focused technical assistance, a request must originate from the field with a clear written statement describing the request, information on the actions already taken and a desired outcome. The request must be presented through normal supervisory channels to the Practice and Professional Development Unit Managers for assigning appropriate staff. This model was put into practice in mid-2007. In 2007, 6 requests were made; in 2008, 9 requests were made and 6 requests have been received to date in 2009. Most requests are for specific individualized training and reviewing cases for an identified purpose.

### ***Construct Enhanced QA/QI Structure***

After the first round of the on-site CFSR review, the Quality Assurance (QA) program was restructured. In March 2005, the new Quality Assurance unit was formed. Composed of a Unit Manager and seven regionally based Quality Assurance Specialists, the unit was designed to meet circuit, regional and statewide quality assurance needs. Each QA Specialist received extensive training in data analysis and computer software training (MS Excel). The QA Specialists monitor outcome measurements on a regular basis to determine service delivery and program effectiveness. These outcome measurements provide real and useful information which alleviate the need to rely on assumptions. In addition, QA Specialists monitor the case review information and assist staff in identifying trends and weaknesses. Measuring, monitoring and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. Three additional staff have since joined the QA Unit, including a Management Analysis Specialist responsible for CFSR Coordination, and two Program Development Specialists, who provide support and oversight for QA activities.

Quality Improvement (QI) is a team process for achieving desired organizational results. In June 2007, the QI Unit was formed, and seven regionally based QI specialists were hired to assist circuit managers, supervisors and workers in planning and implementing change through various methods including: assisting in COA preparedness, readiness and sustainability for sites already reviewed; specialized training, case reading, situational modeling and employee shadowing. By employing a QI process which is founded on a good solid QA framework for data collection and monitoring, the Children's Division has improved its efforts to provide high quality and sustainable child welfare services.

The QA and QI specialists are co-supervised by Regional Directors and a respective QA or QI Central Office Unit Manager. QA and QI staff work together to identify gaps between desired and actual performance, identify root causes for poor performance and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice. Many QA and QI structured activities are in

place to assure practice effectiveness and the achievement of desired outcomes.

See the Quality Assurance and Accreditation sections for specific additional information on QA and QI activities.

#### ***Public-Private Partnership/Case Management Contract***

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues to date through meetings which occur on a regular basis at the local, regional, and state levels.

In January, 2003, the contracted case management providers and state agency administrators were invited to participate in a discussion of a performance based case management contract. A meeting was held on 2/11/03. Plans to develop a performance based contract by 7/1/04 were diverted when Dominic James died at the hands of his foster father. Public and legislative outcry for child welfare reform ensued which included the development of contracts for comprehensive service delivery for children and their families by 7/1/05 in consultation with the community and providers of service. This led to regional meetings across Missouri in 2003 and statewide meetings of approximately 80 community stakeholders. The invitation list included current and potential contracted case management agencies and Intensive In-Home Services and Family Reunification Service contractors. In addition, each region sent invitations to community members such as child advocates, court personnel, legislators, and internal CD staff.

At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

Within the first six months of implementation of the performance based contracts Continuous Quality Improvement (CQI) Meetings were implemented at the local and regional levels. These meetings were designed to address implementation issues at the most local level possible. Issues which could not be resolved at the local level were referred to the regional CQI. Issues which could not be resolved at the regional level were referred to the CEO meetings.

As Missouri is now in the 4th year of a performance based case management contract, time is set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private QA and QI specialists.

Program Manager Meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is facilitated by a contractor. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. At the most recent meeting participants were put in small groups for discussion of strategies to develop permanent placements for older youth.

CEO meetings are also held on a quarterly basis. Recent items of discussion have included expenditure reporting, background screenings, outcome measures, court collaboration, SACWIS compliance, and joint QA/QI initiatives.

Joint Quality Assurance/Quality Improvement initiatives at the regional level include circuit CFSR Readiness Assessments, Program Improvement Plans to address deficiencies identified through the circuit self assessments, and Peer Record Reviews. Contracted staff, including their QA Specialists, are invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children, Child and Family Service Review and AFCARS/data integrity. Contracted QA staff will be invited to attend CD QA Unit meetings twice per year. The contracted QA specialists are now routinely engaged in data clean up efforts to achieve improved data integrity.

On February 10th and 11th, 2009 Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools.

The PIP Advisory Committee, which was originally formed to monitor progress and develop strategies to improve areas of deficiency identified in the first CFSR, is comprised of CD staff and contracted agency representatives. This Committee continues to meet on a quarterly basis to prepare for the second CFSR.

## **2. Accreditation**

The Children's Division is in the process of seeking accreditation by the Council on Accreditation (COA). According to Section 210.113 RSMo (HB1453, 2004), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by COA within five years of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system is reviewed and measured against over 800 nationally-recognized standards of best practice established by COA.

While all circuits simultaneously aim to meet standards of best practice, accreditation will be achieved circuit by circuit, from FY06 through FY09, until Missouri's child welfare system, as a whole, is deemed to be an accredited agency.

## **Circuit Based Assessments**

In June 2004, each of Missouri's 45 judicial circuits was required to complete a self assessment evaluating its ability to meet standards established by COA. Each circuit was required to assess the suitability of its facilities, staffing needs, educational levels of staff, quality improvement processes, and the quality of case record documentation, practice, and outcomes. Strengths and weaknesses within each circuit, identified through the self-assessment process, provided information to position the circuits into the years in which they would best be prepared to undergo the scrutiny that accompanies the COA on-site review. This exercise also helped determine how to appropriately allocate resources based on the needs of each circuit. Following the completion of the circuit assessments, the Children's Division began its five-year plan to attain accreditation.

## **Self Study and COA Site Visits (Program Improvement Plans)**

Throughout 2005, work teams were formed in Central Office to begin an in-depth review of standards with which COA requires compliance to achieve accreditation. Teams reviewed the standards, took inventory of how the agency already complied with the standards, noted areas of needs, and developed strategies to fulfill deficiencies in meeting all standards applicable to Central Office and to the agency as a whole. Documentary evidence (i.e. the agency Self Study) was compiled and submitted to COA, per COA guidelines, to demonstrate that the agency was in compliance with the standards (prior to the first on-site review in March, 2006).

The process that was rolled out to Central Office staff was replicated in the circuits selected to become accredited in the first, second, third, and fourth waves. Staff from the Quality Improvement (QI) and Quality Assurance (QA) Units provided training and ongoing technical support to staff in all circuits to assist them in preparing for their COA Site Visits. Additionally, to help prepare for the COA Site Visits, mock reviews, facilitated by QI and QA Specialists, were conducted in all accreditation sites after which there were planning meetings to determine how the agency and each circuit would ensure practice compliance with the standards.

## **Reduction of Caseload Sizes**

Standardized, manageable caseload sizes required by COA standards allow workers adequate time to ensure they are providing consistent and quality services to children and families.

Funding must be in place for staffing in order to keep caseload sizes and supervisory/worker ratios within COA standards. The Division has been able to maintain 100% staffing in all sites that have been reviewed by COA thus far.

The Division's pairing of accreditation with the privatization of foster care has helped reduce caseload sizes without relying solely on the need for additional state staff. The contractor's ability to increase their caseload sizes has allowed state staff to remain within COA caseload requirements. This has also allowed the state's private contractors to champion the public/private partnership and lobby for accreditation in ways that the state agency is not able to do.

## **Implementation of Performance Based Contracts**

Privatization of foster care case management moved from a fee for service model to a performance based contract for case management services which altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for.

## **Achieving and Maintaining Accreditation**

Four circuits (11, 32, 33, and 34) along with Central Office and the Child Abuse Hotline were selected to receive COA Site Visits in the first wave during State Fiscal Year (SFY) 2006.

Ten additional circuits (4, 6, 8, 18, 19, 21, 23, 29, 35, and 44) received Site Visits in the second wave in SFY 07.

Sixteen circuits (5, 7, 10, 12, 14, 15, 16, 17, 24, 25, 26, 28, 31, 36, 40, and 43) were reviewed in the third wave in SFY 08.

COA has deemed all circuits reviewed in the first, second, and third waves to be in compliance with accreditation standards.

The final fifteen circuits (1, 2, 3, 9, 13, 20, 22, 27, 30, 37, 38, 39, 41, 42, and 45) are being reviewed in SFY 09 (the fourth and final wave). To date, as of May 27, 2009, fourteen of the fifteen Site Visits have been completed, and eleven of the fifteen circuits have been approved by COA. Three additional circuits are awaiting compliance notifications from COA. The final Site Visit is scheduled to occur in St. Louis City (Circuit 22) the week of June 15, 2009.

Immediately following approval by COA, QI Specialists have been leading the effort to monitor all circuits that have been deemed in compliance with accreditation standards through quarterly maintenance visits. Maintenance activities include periodic reviews of case records and personnel files to ensure that the content and quality of documentation remain in compliance with accreditation standards. The Children's Division will be subject to re-accreditation reviews every four years to retain its accreditation status.

The Division is systematically achieving its statewide goal and objectives. Staff, community partners, and the children and families of Missouri will greatly benefit from this accomplishment.

### **3. Training**

During the past five years the Professional Development and Training Unit has met several benchmarks by developing and improving existing competency based training programs for supervisory and frontline staff which assists them in their professional development. The agency has been able to achieve ongoing professional development for all staff in making the following improvements:

#### ***Developing Ongoing Professional Development***

The professional development of staff is considered to be a 'system' within the agency and relies upon key elements to work together. These elements include classroom training, on the job training and reinforcement of skills in the field between staff and the first line supervisor.

New workers participating in Child Welfare Practice Training participate in On the Job training activities which assist in their professional development. Their skill areas are assessed by using a self evaluation tool of competencies along with Two-Way Feedback Tools and Skill Development Plans. On the Job training activities are also provided during the core in-service training modules and Clinical Supervision Training.

Professional development opportunities are provided to staff through department and division training opportunities. The CD also partners with the University of MO educational system to provide opportunities for staff to participate in MSW programs.

On-going professional development of staff is supported and encouraged by the Children's Division and the department. In 2007 the state of Missouri implemented the *Productivity, Excellence and Results for Missouri* (PERforM) system to facilitate the development of annual performance objectives and the electronic storage and reporting of employee performance appraisal records.

The PERforM system serves as an online "tool" to assist supervisors, managers and state agencies with the most fundamental of human resource management responsibilities: planning specific, measurable work objectives, and the observation, evaluation and development of each employee's performance.

A key piece of this process is for supervisory staff to work with their employees on the development of the Employee Development Plans. The goal of the EDP is to promote continuous learning for the employee, to prepare the employee for new challenges and opportunities, and to meet current and future organizational needs. The EDP can assist the supervisor and employee in documenting, monitoring and achieving the employee's professional development goals. Goals can be reached by attending trainings, workshops or seminars; working with a mentor or other means identified by the employee and supervisor.

#### ***Design Competency Based Supervisory Training***

In the past frontline supervisors had been required to attend Basic Orientation for Supervisors (BOS) with content focused on management issues. Prior to 2001 BOS training had been placed on hold due to budget constraints. In 2001 the Children's Division began working on a competency based clinical supervision training for frontline supervisors. As a workgroup from the training unit began to work on research and development of this curriculum an opportunity to participate in a grant from the Children's Bureau surfaced. In 2002, the CD along with the University of Missouri-Columbia and Prevent Child Abuse Missouri applied for and was awarded a 3 year grant to provide training to frontline supervisors. This research based project became known as the Role Demonstration Project. Supervisors from 2 different sites in the state participated in quarterly competency based training. At the conclusion of this grant in 2005, the Children's Division began finalizing a 39 hour competency based clinical supervision training for front line supervisors based upon lessons learned during the Role Demonstration Project. This curriculum was completed and implemented in 2006. All CD frontline supervisors were provided the training and this training continues to be offered on a regular basis for newly hired supervisors.

The newly developed Clinical Supervision training is a two part curriculum. Supervisors are expected to complete on-the-job training assignments prior to part one, between parts one and two and following part two. Classroom content includes: Supervisor expectations; Characteristics and Change in Roles; the Supervisors Role in CWPT (Child Welfare Practice Training); Time Management; Supervision Styles; Strengths Based-Solution Focused Techniques to Use with Families and Staff; Case Consultation; Assessing for Safety and Risk of Children during Case Consultation; Stages of Crisis Intervention; Critical Decision Making; Compassion Fatigue; Coping Strategies; Ethics in Child Welfare Practice; Professional Development and EPPA's; Use of Group Supervision; Group Process; and Leadership.

In 2007 a 12 hour Critical Thinking Skills Training for supervisors was added to the training curriculums to be completed by the frontline supervisors. Supervisors are also offered a 6 hour in-service course by program area (CA/N, FCS and FCOOHC).

The current structure of training for frontline supervisors is the initial completion of the 40 hour Basic Orientation for Supervisors (BOS) offered by the department; 39 hours of Clinical Supervision Training and 12 hours of Critical Thinking Skills Training. After this is completed in the first year of employment each supervisor is required to obtain 16 hours of in-service training per year to meet the Management Training Rule requirements.

#### ***Design Competency Based Basic Training***

Historically, new Children's Services workers have been required to attend Child Welfare Practice Basic Orientation Training. This initial training for staff takes place in their first few months of employment and consists of 126 hours of classroom training conducted by agency staff trainers along with on-the-job training conducted at the local office level.

This curriculum is reviewed on a regular basis to ensure it is meeting best practice, policy requirements, federal and state mandates and COA standards. The most recent major revision began prior to 2005 with workgroups from the training unit. Focus groups and field test groups were used for input and feedback from field staff to help ensure the curriculum would meet the needs of new employees. This revision was finalized and implemented statewide in 2006. The result of this work was a competency based curriculum with a focus on trainer modeling and skills practice for the participants. The core competencies are interwoven throughout the content of the curriculum.

This course begins with each participant completing an individual self-assessment of each of the competency areas. The goal is for the classroom training to provide observation experiences, activities, and skill practices while On-the-Job training will include shadowing experiences, supervisory conferences, and on-going worker development activities to assist the employee in the development and growth in each identified competency area. The participant completes a post-assessment of the competencies at the conclusion of the classroom training. Both the pre- and post-assessments are to be shared with the trainer and the supervisor in order for the employee to identify areas for skill development, prioritize those areas, and then identify ways to build those skills. The tool may also be useful as a starting place for discussion and feedback about the supervisor's perspective on the worker's strengths and needs.

Content of this training over the course of 5 classroom sessions includes: *Family Centered Philosophy and Skills Training; Child Abuse/ Neglect Investigations/Family Assessments/ Application of Family Centered Philosophy and Skills for Intact Families; Expedited Permanency and the Family Centered Out of Home Care Process; Children's Division Computer Systems Training; and Reinforcement and Evaluation.*

### **Develop Ongoing Training for All Staff**

In conjunction with the Department of Social Services an ongoing training structure of in-service trainings has been developed for all staff.

All staff are provided the following training opportunities:

- Code of Ethics/CQI Training within 60 days of employment and annually thereafter. (On-line course)
- Personnel Health & Safety Training within 3 months of employment and annually thereafter. (On-line course)

Frontline supervisors are provided the following training opportunities:

- Basic Orientation for Supervisors
- Civil Rights and Diversity for Supervisors (includes Prevention of Sexual Harassment)
- Workplace Safety
- Clinical Supervision Parts 1 & 2 (implemented in 2006)
- Critical Thinking Skills Training (implemented in 2007)

Frontline supervisors who provide supervision to staff investigating/assessing CA/N reports are provided the following training opportunities:

- Legal Aspects for Investigators/Supervisors (implemented in 2008);

Frontline supervisors should also attend a minimum of one of the following courses based on the program area they provide supervision for:

- CA/N Investigation/Assessment In-service Training (implemented in 2005)
- FCS for Intact Families In-service (implemented in 2006)
- Family Centered Out of Home Care for Supervisors (implemented in 2006, but placed on hold due to budget constraints, statewide implementation in 2008).

Frontline workers are provided the following training opportunities:

- New Employee Orientation
- Civil Rights and Diversity
- HIPAA Privacy On-Line; (On-line course)
- HIPAA Security On-line; (On-line course)
- HIPAA Policy; (On-line course)
- Workplace Safety
- Child Welfare Practice Orientation Training, Classes 1-4 and Computer Systems
- Core In-service Training based on assigned program area (CA/N, FCS, FCOOHC, Older Youth Program)
- Domestic Violence
- Per 210 statute staff completing CA/N Reports are required to obtain 20 hours of training annually on the identification and treatment of CA/N Additional in-service trainings for staff and supervisors have been offered on Professional Ethics and Boundaries, Cultural Competency and Adoption. There are numerous courses offered by the department for in-service training opportunities.

New courses are considered for development as learning needs arise and in conjunction with policy changes and legal mandates.

### ***On-the-Job Training***

The existing On-the-Job (OJT) Training Guides for Supervisors and Workers were replaced in 2006 with new guides developed by a group of field staff, supervisors and specialists. The guides were revised in 2008 and again in 2009 following feedback from frontline supervisors and workers. Future plans are to have these placed on-line for use by supervisors and staff.

The content of the guides is based on the competency areas needed by a Children's Services Worker to provide public child welfare services to children and families. The content is cross referenced by competency area and the structure of the Child Welfare Practice Basic Orientation Training. Examples of competency areas included are:

- Can join and engage with families, court personnel, schools, and other professionals
- Can identify indicators of abuse and neglect
- Can facilitate goal setting with a family or team
- Can identify grief and loss reactions
- Can demonstrate a case progress consultation with a supervisor

The guide reflects that within the first year of employment and throughout Child Welfare Practice Basic Orientation Training, Supervisor BOS (Basic Orientation to Supervision) Training, and Clinical Supervision training that worker and supervisor are to be making case management decisions *jointly*.

There is an expectation supervisors will follow the OJT process in partnership with new staff. The process has built-in completion checklists, and a two-way feedback tool. These tools help guide the supervisor during the OJT process and ensures completion of the entire process while providing evidence of OJT practice continuity across the state. OJT dollars are claimed to Title IV-E training at the 75% rate for a new employee's first three months of employment.

### ***Create Web Based Training***

Web-based formatted trainings have been developed in several areas. These trainings are useful in situations where content needs to be delivered to a large number of staff or to lesser numbers of staff spread amongst various geographic areas. The Children's Division has worked with an educational agency which produced the audio/visual content of several trainings. DVD's were also produced for distribution to be used by staff or with agency partners such as foster parents.

Training on 'Adoption and Guardianship Subsidy' was presented by agency PDS and a staff trainer. This training was delivered 'live' and is currently available to staff through the intranet. DVD's were also produced and distributed.

A second training was on 'ICPC'. This was presented by agency staff and is also available to staff through the agency intranet. This training is an audio/visual presentation.

The agency worked in conjunction with community partners to present a web-based training on 'Educational Advocacy'. Presenters included agency staff trainers, the attorney who developed the training and other community partners. This training was delivered 'live' in a video-teleconference format. The trainers broadcast from a central location to several remote sites. Participants were able to e-mail questions to the central location for responses from the presenters. This was made available to all staff by DVD.

### ***Create Interactive Online Modules and Courses***

On-line instructional trainings have been developed in several content areas. Most of these trainings are required for front line staff or supervisors. Areas of content include:

- Code of Ethics/CQI Training
- Personnel Health and Safety Training
- HIPAA Privacy
- HIPAA Security
- HIPAA Policy

Initial work has also been completed on an interactive module around worker visit practices with children and their families. This project is not yet completed for statewide use by staff.

There are a number of informational PowerPoint presentations and video-teleconferences available via the agency intranet for staff to use for review and educational purposes. Content includes, but is not limited to: CA/N, CFSR, ICPC, Mandated Reporter Training, MOJJS, Older Youth Program, Safe Sleep Practices, Random Moment Time Study.

See Annual Professionalism Section for more training information.

### ***Increase staff levels and education***

The education program of the CD focuses on social work education for current staff by providing a MSW degree program.

To provide this opportunity, the CD partners and contracts, with the four universities throughout the state that offer an accredited Master of Social Work degree program. This partnership aids the CD to meet compliance with accreditation standards for supervisory staff. In addition, the knowledge and skills learned and used with subordinate staff aid the division to meet the changing needs of children and families. Each contract with a university uses Title IV-E, State, and University funding.

The full-time MSW degree program ended with the graduates of May 2007. The part-time opportunities in the state, from this contract, have expanded to all parts of the state. Three areas are now served by "distance-learning" sites, where the selected staff may attend course work on the campus of that site, as well as on-line courses as appropriate. Greater numbers of staff can be supported with the same funds. The employee remains in their current job and location and can remain involved in the changing policy of the division as well as remain connected to the children and families being served. It also helps retain the more experienced staff as well as help with staffing needs of the division.

To support the central part of the state, which was not served with the ending of the full-time program, up to 11 regular standing students can be selected to begin course work August 2008.

To support the accreditation of the agency, preference is given to first-line supervisors and other CD services administration, such as Children's Services Specialists. In addition to the 20 new regular standing staff which started January 2007, six advanced standing employee-students started in January 2008. All 26 of these students will graduate December 2009.

Contracts in place with all four universities can support a total of 69 employees including those completing their degree as well as new additions. This is as of the new contract year which runs June 1, 2009 to May 31, 2010. Satellite sites are used by the other universities as well. Since funding does not increase yearly, employee-students are replaced only when others graduate. Tuition increases sometimes decrease the number of staff that can be supported when the contract budget cannot increase.

The BSW program for those "preparing for employment" ended May 2008 when the currently selected group of students graduates. Two programs worked with the division to provide August and December graduation dates, in addition to May dates. Those two universities will remain contracted until their students graduate in August and December 2008.

Since the Master's educational program began, assistance has been provided to 298 Children's Division employees. Of those 298, 174 remain employed while 13 retired and 4 are deceased.

#### **4. Practice Enhancements**

##### ***Supervisor Support***

###### *Missouri's strategic plan for supervision*

In an effort to improve retention and respond to the needs of its case managers, the State of Missouri's Children's Division developed a strategic plan through a participatory design process using child welfare supervisors, university training partners, and other stakeholders focusing on strengthening supervisory skills and providing additional support to its supervisors.

The idea of creating a supervision strategic plan came about in a meeting in April, 2005. Participants included the Children's Division's director, deputy director, the Federal regional officer from the U. S. Administration for Children and Families assigned to Missouri, two regional child welfare managers, several central office staff, and staff from the National Child Welfare Resource Center for Organizational Improvement (NRCOI), an organization that is part of the Children's Bureau's Training and Technical Assistance (T/TA) Network, U.S.H.H.S. The Division asked NRCOI staff to participate in this meeting to help the Division determine what training and technical assistance could be provided by this T/TA Network to help the Division successfully implement and complete its PIP.

During this meeting, it was noted that many-if not most-of the issues Missouri addressed in its PIP were issues that typically need to be addressed in the course of supervision of child welfare frontline workers or case managers. This led to a discussion about the current practice of child welfare supervision in Missouri. It became clear that the quality of supervision and the support of child welfare supervisors needed improvement. It was decided that the Division would develop a comprehensive strategic plan to improve supervision and better support supervisors, with technical assistance from staff from the NRCOI and another of the Children's Bureau's centers-the National Resource Center for Child Welfare Data and Technology (NRCCWDT). It was anticipated that the implementation of this plan would contribute to better child welfare outcomes and other positive results such as better child welfare worker retention.

Between April and June, 2006, the National Resource Centers (NRCs) staff worked with the Division to create the Missouri Child Welfare Supervision Work Group. Members included respected supervisors from each of the Division's seven regions, one circuit manager, three clinical specialists, three Central Office staff (training, quality assurance, and the CFSR/PIP coordinator). Other members included a case manager who had helped pilot a supervisory case review tool (a requirement of Missouri's PIP), and a University of Missouri training partner who developed a clinical supervision training curriculum through a supervision demonstration grant from the Children's Bureau which was being piloted in Missouri, and three staff of the two NRCs.

The first meeting of the Work Group was held in June, 2005. The Division Director gave the charge to the Work Group, stressed the importance of the work it would do, and promised full support of the Group and its plan.

Three more in-person Work Group meetings were held between June and November, 2005 to complete the draft of the strategic plan. At each of these meetings, NRCs staff noted increasing group cohesion, growing member investment in the work, and building confidence in the quality of the plan. The plan was presented to the Division's leadership (director, deputy director, and the seven regional managers) in January, 2006. Minor changes were made, and the plan was finalized at the end of January. It took eight months to draft and finalize the strategic plan. The plan addressed four core areas, each with goals and action steps:

- a. *Supervisor Training*
  - a. for all planned policy and practice changes, train supervisors first;
  - b. train all supervisors in administrative supervision;
  - c. train all supervisors in advanced clinical supervision skills, and develop ongoing supervisor training;
  - d. train all supervisors on using data at the worker and unit level to supervise and manage for results;
  - e. hold an annual supervisor training conference/summit
- b. *Supervisor Support*
  - a. establish and implement a structure for the regular, scheduled supervision of supervisors;
  - b. establish and maintain a regularly scheduled peer-to-peer supervisors consultation system (learning labs);
  - c. reduce non-supervisory tasks to increase time for clinical and administrative supervision;
  - d. support for supervisor educational advancement;
  - e. develop a career ladder for workers and supervisors;
  - f. increase supervisor compensation
- c. *Clinical Supervision*
  - a. establish regularly scheduled weekly supervision of each worker and unit;
  - b. implement a new supervisory case review tool (SCRT) and process based on the CFSR to be used regularly in conjunction with each worker and which will result in an annual professional development plan for each worker;
  - c. define the role of supervisors in Family Support Team meetings;
  - d. improve access to legal counsel for supervisors
- d. *Management and Administrative Supervision*
  - a. develop a consistent expectation and job description for supervisors statewide;
  - b. develop a consistent performance appraisal for supervisors statewide;
  - c. develop a consistent way to count cases;
  - d. adopt a universal supervisor-worker ratio;
  - e. achieve consistency in corrective discipline actions statewide;
  - f. provide supervisors data at the unit and worker levels

For each of these action steps, the Work Group defined (1) tasks; (2) benchmarks; (3) completion date; and (4) persons/groups responsible.

Implementation of the plan began in February, 2006. At meetings in February, March, April, July, and October, 2006, the Work Group reviewed each action step and the status of its implementation. Persons/groups responsible included appropriate central office and field leadership staff, but different Work Group members volunteered to assist and monitor each action step.

At the November, 2006 meeting, implementation of the supervision strategic plan was proceeding well, however, the Division Director identified a need for a standing body of supervisors to continue to provide leadership feedback on the needs of child welfare supervision in Missouri after technical assistance ceased. Therefore, Missouri requested assistance in developing a charter to ensure a standing body with responsibilities and membership parameters.

To make the Supervision Workgroup approach successful, the following elements were identified as essential:

- **Participatory Design.** The principle of participatory design was used in this process where the persons who will be responsible for implementing the strategic plan be involved in its design
- **Member Selection.** Regional managers were asked to select a well-respected supervisor from the region to serve on the Work Group. In selecting the best qualified, the group was revered and respected
- **Supervisor Buy-In.** The workgroup supervisors defined themselves as "ambassadors" for selling the plan to their peers. At regional staff meetings in workgroup members regularly brief the leadership and other colleagues on the latest Supervision Work Group discussion and asked for feedback and suggestions.
- **Leadership Buy-In.** A critical piece for success is to invite a member of the Executive Team to hear concerns and recommendations.
- **Other Work Group Participants.** A critical piece of the workgroup is to invite those with expertise to advise and assist the planning and recommending process. For Missouri, the other work group participants were a training manager, QA Manager, CFSR coordinator and a University professor.

A Child Welfare Supervision System. As change agents, Missouri recognizes the need for the supervision workgroup to become a policy review team to review draft policies before implementation. Therefore a distribution listing of all supervisors in the state was created for the policy review

process

#### CFSR Data Indicator Improvements

National Standards	2005	2006	2007	2008	Fed Goal
Recurrence of Maltreatment	5.00%	4.60%	4.90%	4.10%	6.1% or less
Incidence of CA/N in FC	0.39%	0.38%	0.42%	0.26%	.57% or less
Length of time to achieve reunification	70.22%	68.77%	70.34%	67.04%	76.2% or more
Length of time to achieve adoption	39.15%	41.79%	41.05%	38.45%	32% or more
Stability of FC Placements	77.18%	79.80%	80.71%	81.32%	86.7% or more
Foster Care Re-entries	10.38%	9.44%	8.62%	8.65%	8.6% or less

The table above is an internal measurement outcome produced from the DSS Research and Evaluation Department and uses the federally set benchmarks as goals from the first round of the CFSR.

- The Children's Division met the recurrence of maltreatment every year since SFY05. And, the data indicates constant improvement each year.
- Incidence of Child Abuse and Neglect in foster care was met every year since SFY05.
- The Children's Division struggled every year meeting the length of time to achieve adoption. The outcome is calculated by capturing the total number of children reunified and subtracting those who reunified within 12 months and dividing the 12 month number by the total reunified. In addition to the 12 month timeframe, we tracked children reunified within a 24 month period and we consistently are reunifying at a rate of 90%.
- Repeatedly the Children's Division has met the benchmark for the length of time to achieve adoption. This outcome is calculated by subtracting the date of entry into custody against the date of finalized adoption. The number of children who reached final adoption within a 24 month period, is then divided by the total number of finalized adoption.
- The Children's Division grapple with reducing the stability of a child in foster care. Ideas have been discussed at great length regarding this issue. On a positive note, the state data is showing improvements. The focus on worker visits and in-depth clinical support with enhancing the quality of those visits may have a direct effect on this data outcome.
- For the re-entries into foster care outcome, the state has shown significant decrease during 2005 and 2006, with just barely missing the benchmark in 2007 and 2008. The re-entry issue has been addressed through many avenues, such as: enhancing clinical support, continued focus of data by QA specialists, performance based foster care case management contracts, and use of intensive family reunification services through a performance based contract.

#### **Family and Children's Electronic System (FACES)**

Missouri has made significant progress in the development of a single, statewide, SACWIS compliant system. Testing is in progress for the final SACWIS component, Resource Management and Financial Management, which will be implemented in June 2010.

The FACES components that have been implemented include: Intake Management (June 2005), Investigation and Assessment (May 2006), Case Management (December 2007) and Eligibility Determination (November 2005).

FACES introduced on-line, real-time data entry, which afforded the ability to incorporate edits to improve accuracy of data entry. Legacy systems were dependent on overnight batch processing to complete data entry validation, at times resulting in incomplete data entry when workers failed to follow-up with appropriate error resolution.

The web-front end includes full descriptions for selections, instead of simply code values, to improve accuracy of data entry as well as usability.

Automated alerts are generated to help ensure that required actions and follow-ups are completed in a timely manner.

Multi-level approval processes are included in FACES to ensure necessary consultations and reviews are completed.

With the single system, duplication of data entry has been virtually eliminated and data inconsistencies that were prevalent between the eleven legacy systems, that FACES is replacing, no longer exist.

By using DB2 relational database technology, FACES has the capacity to create multi-relational links between widely varied data.

The extensive collection of data in FACES provides valuable information for management to fine-tune program policies and practices, as well as establish new policies and practices to fill voids identified in the provision of critical services to Missouri families and children.

As staff become more comfortable and familiar with the FACES automation and capabilities, numerous system change requests have been submitted to improve usability, support new policies or practices, and include additional edits to improve data integrity, or enforce consistency statewide.

System change requests are evaluated by FACES Change Control Board members who decide whether the change should be made and prioritize those that are approved. Missouri continues to expand and improve FACES functionality to be an integral tool for staff to use instead of simply a data repository.

### **Key Early Intervention**

As mentioned in the last five year plan, the Children's Division intended to develop continually ongoing key early intervention strategies within our service delivery. This was accomplished by expanding and enhancing early childhood programs, embedding the Strengthening Families philosophy in policies and contracts, improving the initial assessment tool, requiring a referral to First Steps for all children under age 3 involved in a substantiated child abuse and neglect report, and requiring referrals to the Department of Health for children involved in a drug exposed newborn crisis assessment.

In-depth information regarding early childhood programs such as: Child Care, Child Care and Development Fund, Early Childhood Development Education, and Strengthening Families through Early Care are located in the Annual Prevention Section.

### **Ongoing Evaluation of Safety Tools**

The safety tool re-evaluation process has been evolving since the embedding of structured decision making protocol in several program areas. Currently, efforts are focused on the re-drafting of a stand alone assessment tool which can be used in CA/N investigations and assessments, Family Centered Services and Out of Home care. In particular, emphasis is placed on enhancing the out-of-home policy for *formal* safety assessments for children placed in foster and residential care.

### **Reducing Children Re-entering Foster Care**

While the data has steadily improved since the development of the last five year plan (See CFSR Chart above for details) the Children's Division made consistent efforts toward various activities as an attempt to reduce this outcome. These activities consist of the creation of the Intensive Family Reunification Services for foster children returning to the home through a trial home placement. This program allows a worker to provide intensive assistance work with the child's family system while identifying barriers for sustaining reunification. Addressing these barriers timely and intensely are key for a successful reunification.

Additionally, through the Legal Aspects training and various case review processes, CD staff recognizes the need to demonstrate reasonable efforts which keeps workers mindful of the cause for removal rather than addressing the symptoms.

### **Increase Stability in Foster Care**

As the CFSR Chart above indicates, we have made improvements each year since 2005. When Missouri's vision for the next five years was developed, it was expected improvements were possible through early identification of family dynamics to expedite the provision of effective services. While CD did make considerable changes to the assessment process, there are other indicators that may provide an additional explanation for improvements. CD's focus consistently has been to determine the best permanent arrangement for a child in foster care. This determination is made through a family support team approach and suitable relatives are explored in-depth. Using an Excel pivot table of the April 30, 2009 children in foster care, but not in a relative placement, these children experienced on average 3.06 moves. Using the same list, children placed in relative or kin placements experienced on average 1.25 moves.

In addition to the FSTs focus on the placement setting, there are continuous efforts to include children of appropriate age to participate in their permanency planning. Also, the Older Youth Program expansion expects the specialists to assist youth in finding a permanent caring adult in their life which should lead to better stabilization.

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## **Additional Resources**

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Influenza Information  
The Missouri Health Connection  
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Children's Division

## CFSP Plan for 2010-2014

Missouri's five-year strategic objectives for improving child welfare services are reflected in this section and are based on Missouri's six Guiding Principles. Under each principle is a list of specific actions or initiatives that are transpiring internally or in partnership with other governmental departments, agencies or systems, consumers, and advocacy groups connected to the child welfare system. In keeping with the federal emphasis on collaboration efforts, we openly invite stakeholders to assist making changes or improvements in service delivery to families we serve. As evidenced in the Annual Partnerships / Collaboration section, Missouri has many, internal and external partnership occurring simultaneously.

The Children's Division has adopted the Strengthening Families philosophy (see Annual Prevention, Strengthening Families section for more information) and will continue to implant this concept throughout policy and practice. This initiative and other program enhancements and existing collaborations are a proactive way to prepare for the Child and Family Services Review scheduled for June 2010.

Due to the recent AFCARS review, composite outcomes using the federal syntax will not be replicated until most corrections and revisions are complete. The completion date is scheduled for November 2009. CD may want to revise or add some of the Measures of Progress in this five year plan to match the composite data. Currently the outcomes measures are from in-house reports.

### Vision Statement

To partner with families, communities, and government to protect children from abuse and neglect and assure safety, permanency and well being for Missouri's children

### State Objectives/Guiding Principles

#### Protection (Safety)

Children have a right to be safe and live free from abuse and neglect.

##### **Objective #1:**

- To protect the health, safety, and welfare of children by continuing the use of Strengthening the Culture of Care training and philosophy in licensed residential child care agencies

##### **Measure of progress:**

- Provide refresher education for Strengthening the Culture of Care
- Develop a data base to capture all substantiated reports where the perpetrator is an employee of a residential child care agency (Use 2008 data as the baseline)
- Decrease the number of substantiated reports for children in residential care

##### **Objective #2:**

- Continue the "small test of change" relating to the Breakthrough Series with child abuse and neglect reports in selected circuits and when changes are tested successful, extend practice statewide

##### **Measure of progress:**

- Reduce the number of children who experienced repeated maltreatment.

Currently, Missouri has an average of 95.35% (SFY 05, 06, 07, 08, Outcome Measure #3) of children without another substantiated maltreatment report within six months. The National Standard is 94.60%. Our goal is to remain at or above the National Standard consistently through the next five years.

- Track small changes and evaluate impact

- Monitor changes implemented statewide (that originated from this pilot project)

##### **Objective #3:**

- To promote continual monitoring of registered family home providers which promotes the health and safety of children in their care

##### **Measure of progress:**

- All registered family home providers will complete an initial background screening prior to providing child care services for CD
- All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening

initially

- All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening annually
- All registered family home providers will complete a TB test prior to providing child care services for CD

### **Partnerships (Collaboration)**

Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

#### **Objective #4:**

- To assure children in foster care are offered the same educational opportunities as other children, achieved through continued partnerships

#### **Measure of progress:**

- Increase percentage of Supervisory Case Review Item 21 (assessing educational needs of children) with a baseline average from SFY 06, 07 and 08 of 67% to 80% by FFY 2014
- Continue partnering with the Department of Elementary and Secondary Education (Educational Advocacy, CFSR Advisory Committee and Governor's Blue Ribbon Panel)

#### **Objective #5:**

- Working with partners, including other state and federal agencies and community partners, Children's Division staff and resource providers will be prepared for disasters and emergencies

#### **Measures of progress:**

- Increased training of staff and providers for emergencies through the Employee Learning Center for employees and in-service training for providers (provided in-house or by other agencies)
- Increased preparedness by assuring each circuit has a circuit-specific emergency plan and staff and resource providers are personally prepared.
- Circuit plans will be reviewed annually by management staff
- Resource providers' plans may be available for review and monitored as needed by licensing staff
- Increased ability to track and locate children in custody
- Streamline child identification processes
- Use emerging technology to geo-locate resource providers

### **Practice (Case Management and Support Systems)**

The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

#### **Objective #6:**

- To decrease the number of moves a child experiences in foster care

#### **Measures of Progress:**

- Expand the capabilities for diligent searches in order find suitable relatives
- Continue an improvement trend evidenced through Outcome Measurement #13a (Reduce the Number of Placements Experienced by Children in Foster Care [length of stay 0-12 months]) and reach 84% by 2014. Currently, the average since 2005 is 79.75%
- Enhance training with the placement stability philosophy for Family Support Team Meetings assisting to stabilize and support foster and relative care placements. Baseline to be established after training implementation in 2009

#### **Objective #7:**

- To decrease the length of time for a child to be reunified with their family through continued partnering with our courts through the Fostering Court Improvement Project.

#### **Measures of Progress:**

- Continued partnership with Office of State Court Administration on the Fostering Court Improvement project
- Monitor the Permanency timeframes captured of Juvenile Information System (JIS) and set baseline and improvement increments by mid-2010
- Use Outcome Measurement #10 (Reduce Time in Foster Care [Entry to Reunification]) to monitor internal progress; currently on average (SFY04-08) CD staff reunified 69.09% of children within 12 months. Project an increase to 75% by 2014

#### **Objective #8:**

- To increase the number of IV-E eligible guardianship subsidies

#### **Measures of Progress:**

- Expansion of relative definition in policy / practice
- Determine total guardianship subsidies each year
- By 2014, 85% of new guardianships will be Title IV-E eligible as of January 2009

**Objective #9:**

- To improve caseworker visits with children in foster care

**Measures of Progress:**

- Monitor frequency of visits
- Increase number of visits occurring in the child's placement through the Family Centered Out-of-home Care enhancement training by 2010
- Meet the federal expectation of 80% and 90% by 2010 and 2011 respectively, for a once a month visit with all children in foster care

See Statewide Caseworker Visit plan for more information

**Prevention (Service Array)**

Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

**Objective #10:**

- To promote safe environments through primary prevention in early childhood programs

**Measures of Progress:**

Home Visitation:

- Assess the social emotional development levels of 100% of the children under the age of three using the Ages & Stages Questionnaires: Social Emotional at intervals of every 6 months. This is reported to the state agency quarterly
- Assess the developmental levels of 100% of the children under the age of 3 using the Ages & Stages Questionnaires at intervals of every 6 months until the child is 3 years of age. This is reported to the state agency quarterly
- A minimum of 95% of the children receiving services from the program are not a victim of substantiated child abuse and neglect
- At least 95% of the parents receiving services demonstrate a reduced level of stress as measured by the Everyday Stressors Index when they leave the program
- 90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program
- Completion of home safety checks at the family's enrollment in the program and every 6 months after using a standardized home safety checklist provided by the state agency

Educare

- Sign out logs for "family bags" based on the Strengthening Families 5 protective factors distributed by Educare to child care facilities for parents to check out for use

Early Head Start

- Parent involvement/volunteer information sheets
- Missouri Early Head Start outcomes report

**Objective #11:**

- Provide a positive support system for families through the use of Crisis Nurseries and Teen Crisis Care contracts

**Measures of Progress:**

- Measure effectiveness through the Parental Stress Assessment and follow up phone calls

**Objective #12:**

- Increase the involvement of fathers in all programs

**Measures of Progress:**

- Increase collaboration through a statewide collaborative body
- Create a charter to govern membership and purpose
- Develop a strategic plan to guide collaborative work

**Permanency**

Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

**Objective #13:**

- To reduce the number of re-entries into foster care

**Measures of Progress:**

- 90% of families receiving Intensive Family Reunification Services must successfully reunify children with their families
- 75% of families receiving Intensive Family Reunification Services must remain intact within the 12 months following intervention
- Continue an improvement trend evidenced through Outcome Measurement #14 (Reduce Re-entry into Foster Care). From 2004-2008, the Children's Division has averaged 9.27% of children re-entering care. The goal will be set at 8.6% or less to be achieved by 2014

**Objective #14:**

- To increase number of adoptions through the use of the Adoption Exchange and Adopt US Kids websites and other adoptive activities

**Measures of Progress:**

- Expand utilization for 75% of children with a goal of adoption, with presentation through Adoption Exchange, Adopt USKids, and the Heart Gallery
- To increase the number percentage of children reaching adoption status within 24 months of coming in care. From 2004-2008, the Children's Division currently, on average, 40% of children adopted within 24 months. The goal will be set at 45% for an average of the next five years

### **Professionalism (Training and Staff Development)**

Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

#### **Objective #15:**

- To maintain accreditation standards

#### **Measures of Progress:**

- Re-accreditation process will begin in March 2010 and be complete by 2014
- Quarterly maintenance visits by QI Specialists
- Periodic case reads
- State Self Study completed in 2010

#### **Objective #16:**

- Support supervisors through a Learning Lab structure

#### **Measures of Progress:**

- Learning Labs will be in place December, 2009 with at least 25 supervisors participating in the seven regions
- Supervisors will report an increase in job satisfaction and effectiveness due to information sharing and advanced learning. The baseline will come from an external evaluation
- Workers will report an increase in support through the Survey of Organizational Excellence supervisor effectiveness element (2008 data baseline 302) and team effectiveness data (2008 data baseline 303)

#### **Objective #17:**

- To continue the Supervision Advisory Committee

#### **Measures of Progress:**

- Measure continued progress through the strategic plan
- Increased growth in the Survey of Organizational Excellence scores, specifically with the Work Group Domain for elements of Supervisor Effectiveness, Fairness, Team Effectiveness and Diversity
- Quarterly Meetings will occur

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Children's Division

## CAPTA State Grant for FFY-09

### Child Abuse Prevention and Treatment Act Service Description

The State of Missouri currently conducts a number of activities targeted toward the prevention and treatment of child abuse and neglect. Since implementing our multi-response system to address reports of child abuse and neglect, Missouri continues to maintain a high standard of practice. Child safety is of paramount concern and Missouri's practice ensures child safety through a child focused family-centered approach. Missouri's practice is culturally sensitive, strengths-based and embraces the community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of our statewide practice.

#### **Update of program areas selected for improvement from one or more of the 14 program areas set forth in Section 106(a) of CAPTA.**

The following activities are in fulfillment of CAPTA for the application and grant in accordance with the ACYF-CB-PI-03-09, and pursuant to compliance with part B of title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect as they relate to the Missouri's Child Welfare Practice and Family-Centered Services;
2. (A) Creating and improving the use of multi-disciplinary and interagency protocols to enhance investigations as it relates to quality Child Welfare Practice and Family-Centered Services; and
  - (B) Improving legal preparation and representation, including (i) Procedures for appealing and responding to appeals of reports of abuse and neglect that are found to indicate a preponderance of the evidence; and
    - (ii) Provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families as it relates to the CPS Redesign, Family-Centered Services, the National Committee for Prevention of Child Abuse and delivery of services through the Child Advocacy Centers statewide;
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, as it relates to the Family-Centered Services, including National Council on Crime and Delinquency, Children's Research Center's Structured Decision Making practice model;
6. Developing, strengthening, and facilitating training including:
  - (A) Research based strategies to promote collaboration with the families;
  - (B) Legal duties of such individuals;
  - (C) Emergency Protective Custody and
  - (D) personal safety training for case managers;
12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the community level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to seek to be state of the art in its use of multi-disciplinary and interagency protocols to enhance the intake, screening, investigation, and assessment of reports of child abuse and neglect. Since initial implementation in 1995, Missouri's alternative response/dual track system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children. This system continues to be improved through development of specific interview questions or pathways that identify issues being experienced in families reported to the Division because of child abuse/neglect i.e. domestic violence, substance abuse.

Through the creation of community partnerships, families receive faster and more comprehensive service delivery. The division continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. A holistic Family Assessment is completed at the time a family initially experiences a hotline report, if the report is screened as a Family Assessment. Missouri's practice in Family Assessment performance was evaluated by the Institute of Applied Research (IAR). The full report is available at the IAR website at [www.iarstl.org](http://www.iarstl.org).

A separate CAPTA requirement to train the child's legal representative in judicial proceedings is continuing within the Missouri Bar Association (MBA). MBA provides extensive training for all newly appointed Guardians ad litem and CASA representatives. They are educated on the following: basic child abuse and neglect and the needs of the child; how to exercise independent judgment on behalf of the child in all matters; meeting with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; reviewing progress of the case and advocate for timely hearings; participating in development or matters affecting the best interest of the child and monitoring implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to provisions and procedures for referral of a child younger than age three involved in a substantiated case of child abuse or neglect, to early intervention services funded under part C of the Individuals with Disabilities Education Act, CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy which requires CD staff to make a referral to DESE First Steps Program when they have found a child under three to be a substantiated victim of child abuse/neglect. Children's Division staff met with DESE representatives in November, 2008, to discuss and enhance the referral process.

#### **Activities Missouri intends to implement with CAPTA State grant funds**

In addition to FCS training described in the next section, the following activities continue to be practiced throughout the state:

- (1) Bring other providers to the table (e.g., Temporary Assistance, Department of Corrections, Department of Mental Health, and Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in FCS assessment and service delivery.
- (2) Provide clinical consultation services for CD in-house staff. Such services would focus on assisting on CD staff in strategizing the assessment, treatment planning, goal setting, and service delivery on FCS Cases.
- (3) Develop new ways in which consultation can be provided as an education component within communities.

#### **The total funding necessary for FCS, for FFY-09 is \$150,000.**

The division will also purchase resource/training material for central office and field staff to equip them in staying current on new and emerging trends in the prevention and treatment of child abuse and neglect. Pamphlets and related material will be purchased for mandated reporters and others to provide information on child abuse and neglect. The pamphlet The Guidelines for Mandated Reporters of Child Abuse and Neglect has been made available through a link on the CD webpage and can be printed from that link.

The CD will send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings.

#### **The total funding necessary for such Out-of-State trainings/meeting, for FFY 09 is \$10,000.**

The division is a member of the Missouri Chapter-National Committee for Prevention of Child Abuse (NCPCA), Missouri Juvenile Justice Association (MJJA), Child Welfare League of America (CWLA), and the National Family Preservation Network. The division is committed to the support of each of these organizations and their efforts to prevent child abuse. The annual dues as a member agency have been paid from this grant in the past.

#### **The total funding necessary for NCPCA/MJJA/CWLA/NDAS annual dues, for FFY 09 is \$12,000.**

The CD continues to budget approximately \$800,000 to Child Advocacy Centers (CACs). CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations which assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a "child friendly" atmosphere in order to: (1) Reduce the emotional trauma of the investigation to the child and the non-offending family members; (2) improve the ability of the Child Abuse Investigators to reach an appropriate finding; and (3) Improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

#### **The total funding necessary for the CAC FFY 09 is \$480,000.**

The State of Missouri is committed to providing a comprehensive array of services through public agencies and community action, which will prevent and treat child abuse and neglect in Missouri. The initiatives identified above will allow us to strengthen our programs and services in this area to develop or to enhance Missouri's process of intake, investigation, assessment, case management and service delivery, as well as, enhance the capacity of community based programs.

#### **The total CAPTA funding requested, which includes funding for all the above CD initiatives and activities for FFY 09 is \$500,688.**

#### **Service and Training being provided under CAPTA State grant as required by Section 106(b)(2)(C) of CAPTA**

Missouri continues to develop, strengthen, and facilitate training opportunities and requirements for individuals overseeing and providing FCS to

children and their families through the child protection system. These training approaches are primarily provided at the local level and are designed to improve overall case management and service delivery provided to children and their families. These efforts include:

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well as Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers, to assist them in improving their skills in providing FCS, e.g., interviewing skills). This training is usually provided within the context of completing and understanding the tools within the CD-14, Family Assessment Packet.

Other training which can be accessed at the local or community level according to identified training needs, and regional training plans.

- The provision of specific one-on-one training with staff and families by modeling a family-centered assessment in the field with staff and selected a family. This carries the training process to conclusion and critiques the process for best practice.
- Training is being provided to CD staff, JO, attorneys, GALs, and CASA on improved timeliness of hearings, concurrent planning and provisions of protective custody (including imminent danger definition and guidelines on standards of removal). These trainings are being provided by and in collaboration with Office of State Court Administrators and CD. The grant assists in funding these videoconferences and in - person trainings.

## **B. CAPTA Plan Five Year Plan**

### **Child Abuse Prevention and Treatment Act Service Description**

The State of Missouri currently conducts a number of activities targeted toward the prevention and treatment of child abuse and neglect. Since implementing our multi-response system to address reports of child abuse and neglect, Missouri continues to maintain a high standard of practice. Child safety is of paramount concern and Missouri's practice ensures child safety through a child focused family-centered approach. Missouri's practice is culturally sensitive, strengths-based and embraces the community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of our statewide practice.

The following activities are in fulfillment of CAPTA in accordance with ACYF-CB-PI-09-06 and pursuant to compliance with Part B of Title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect as they relate to the Missouri's Child Welfare Practice and Family-Centered Services;
2. (A) Creating and improving the use of multi-disciplinary and interagency protocols to enhance investigations as it relates to quality Child Welfare Practice and Family-Centered Services; and  
(B) Improving legal preparation and representation, including
  - (i) Procedures for appealing and responding to appeals of reports of abuse and neglect that are found to indicate a preponderance of the evidence; and
  - (ii) Provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families as it relates to the CPS Redesign, Family-Centered Services, the National Committee for Prevention of Child Abuse and delivery of services through the Child Advocacy Centers statewide;
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, as it relates to the Family-Centered Services, including National Council on Crime and Delinquency, Children's Research Center's Structured Decision Making practice model;
6. Developing, strengthening, and facilitating training including:  
(A) Research based strategies to promote collaboration with the families; (B) Legal duties of such individuals; (C) Emergency Protective Custody and (D) personal safety training for case managers;
12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the community level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to seek to be state of the art in its use of multi-disciplinary and interagency protocols to enhance

the intake, screening, investigation, and assessment of reports of child abuse and neglect. Since initial implementation in 1995, Missouri's alternative response/dual track system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children. This system continues to be improved through development of specific interview questions or pathways that identify issues being experienced in families reported to the Division because of child abuse/neglect i.e. domestic violence, substance abuse.

Through the creation of community partnerships, families receive faster and more comprehensive service delivery. The division continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. A holistic Family Assessment is completed at the time a family initially experiences a hotline report, if the report is screened as a Family Assessment.

A separate CAPTA requirement to train the child's legal representative in judicial proceedings is continuing within the Missouri Bar Association (MBA). MBA provides extensive training for all newly appointed Guardians ad litem and CASA representatives. They are educated on the following: basic child abuse and neglect and the needs of the child; how to exercise independent judgment on behalf of the child in all matters; meeting with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; reviewing progress of the case and advocate for timely hearings; participating in development or matters affecting the best interest of the child and monitoring implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to provisions and procedures for referral of a child younger than age three involved in a substantiated case of child abuse or neglect, to early intervention services funded under part C of the Individuals with Disabilities Education Act, CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy which requires CD staff to make a referral to DESE First Steps Program when they have found a child under three to be a substantiated victim of child abuse/neglect.

#### **Activities Missouri intends to implement with CAPTA State Grant funds**

Missouri plans to provide the following activities in addition to the Family-Centered Services training outlined in later sections:

1. Provide clinical consultation services for CD in-house staff. Such services would focus on assisting on CD staff in strategizing the assessment, treatment planning, goal setting, and service delivery on FCS Cases.
2. Collaborate with other agencies (e.g., Family Support Division, Department of Corrections, Department of Mental Health, and Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in FCS assessment and service delivery.
3. Continue to develop new ways in which consultation can be provided as an education component within communities.

#### **The total funding necessary for FCS training for each year is \$150,000.**

4. The pamphlet The Guidelines for Mandated Reporters of Child Abuse and Neglect has been made available through a link on the CD webpage and can be printed from that link. Updates will be made to the Guide and materials will be printed as necessary.
5. Send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings.
6. Send representation to other national conferences designed to share evidence based practices to address child abuse and neglect and enhance current practice.

#### **The total funding necessary for out of state training for each year is \$10,000.**

7. Enhance programs to address recurrence of maltreatment. Assist current pilot sites to expand small tests of change in assessing and working with families with repeat reports of maltreatment.

#### **The total funding necessary for enhancing repeat maltreatment practice for each year is \$10,000.**

8. Continue memberships of the Missouri Chapter-National Committee for Prevention of Child Abuse (NCPCA), Missouri Juvenile Justice Association (MJJA), Child Welfare League of America (CWLA), and the National Family Preservation Network. The division is committed to the support of each of these organizations and their efforts to prevent child abuse.

#### **The total funding necessary for annual dues is \$12,000 each year.**

9. Continue to assist funding to Child Advocacy Centers (CACs). CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations which assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a "child friendly" atmosphere in order to: (1) Reduce the emotional trauma of the investigation to the child and the non-offending family members; (2) improve the ability of the Child Abuse Investigators to reach an appropriate finding; and (3) Improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

#### **The total funds necessary for supporting CACs for each year is \$480,000.**

The State of Missouri is committed to providing a comprehensive array of services through public agencies and community action, which will prevent and treat child abuse and neglect in Missouri. The initiatives identified above will allow us to strengthen our programs and services in this area to

develop or to enhance Missouri's process of intake, investigation, assessment, case management and service delivery, as well as, enhance the capacity of community based programs.

**Total funds requested to include all of the initiatives and activities listed in this section for each year is \$500,688.**

**Service and Training being provided under CAPTA State grant as required by Section 106(b)(2)(C) of CAPTA**

Missouri continues to develop, strengthen, and facilitate training opportunities and requirements for individuals overseeing and providing FCS to children and their families through the child protection system. These training approaches are primarily provided at the local level and are designed to improve overall case management and service delivery provided to children and their families. These efforts include:

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well as Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers, to assist them in improving their skills in providing FCS, e.g., interviewing skills). This training is usually provided within the context of completing and understanding the tools within the CD-14, Family Assessment Packet.

Missouri provides Legal Aspects training to Child Abuse and Neglect Investigators, supervisors, regional staff, and multidisciplinary team members including Juvenile Court staff, Guardian ad Litem, and Court Appointed Special Advocates. The training addresses the legal aspects of finding a preponderance of the evidence finding and elements of abuse and neglect. The Legal Aspects training will be incorporated into the current Child Welfare Practice Training for new staff. Legal Aspects training will be expanded to include permanency options, concurrent planning, and termination of parental rights.

Collaborations continue with the Office of State Court Administrators (OSCA) to develop joint training curriculums for court personnel and Children's Division staff to address identified needs. Training is currently being provided on Advanced Facilitation Skills as well as engagement of families from various disciplines.

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Children's Division

## **Chafee Foster Care Independence and Education and Training Vouchers Program 2005-2009**

Missouri continues to expand and strengthen the ETV program to serve eligible youth. Missouri does not have a state tuition waiver program and currently uses ETV funding to assist youth with costs of attendance for post-secondary educational and training programs.

The CD has contracted with the Orphan Foundation of America (OFA) to provide ETV services since 2006. The CD, through specific contract requirements, has utilized all of the ETV funding received in the last two years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, OFA is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. OFA provides brochures and has a website.

The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website was enhanced in 2008 which allows CD to monitor youth's application and paperwork at each step of the process. OFA looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis.

Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

Currently, eligible youth access the ETV program through the OFA website at [www.statevoucher.org](http://www.statevoucher.org). Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 - 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. Post-secondary ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

In FFY 09, there were 285 youth funded for ETV.

The CD continues efforts in educating youth, staff, and community partners on the ETV program.

Numerous trainings in seminars have been held across the state in which information regarding the ETV program was shared.

The CD completed statewide training on Older Youth from July 2007 to May 2008 for case management staff and supervisors. ETV brochures were given to each participant. PowerPoint training on the ETV program was presented at each training session.

In November, 2007, five joint training sessions were held across the state with the OSCA and CD on Improving Outcomes for Older Youth. Pamphlets were distributed to each participant. Participants included Court Appointed Special Advocates, Juvenile Officers, Judges and Commissioners, and CD staff. The ETV program was discussed in a PowerPoint presentation at each session.

In February 2008 a presentation which included information on ETV was given at the Training Extravaganza for the Foster and Adoptive Care Coalition in St. Louis.

Two statewide webinars were held to educate CD staff and other interested parties who work with Older Youth regarding the ETV program in March, 2008. CD hosted the webinar and the OFA presented the information on ETV.

A stakeholders meeting was held in April, 2008. One of main topics discussed was academic achievement for our foster youth. Suggestions were made to continue outreach efforts as some youth, frontline workers, and other agencies are still unaware of the ETV program.

In May 2008, a session was presented on the Older Youth Program (OYP) to Guardians ad litem and juvenile officers in Jefferson County.

CD staff is required to include an ETV brochure in each youth's exit packet upon release from foster care when the youth is age 17.5 or older. Older Youth Program Training became part of mandatory curriculum for new employees in July 2008 and information regarding the ETV program is presented in the training.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon has continued. The task force is comprised of leaders from public and private entities. The goal for the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics is education and ETV information has been shared. The task force will be submitting a three year plan in June 2009.

In November 2008, Multi-Disciplinary training was held in St. Charles County in which information regarding ETV was presented to court personnel.

There have been three statewide webinars open to individuals from all agencies working with Older Youth regarding the ETV program in February, March, and April 2009. The E-Learning webinar to support ETV sessions were titled: Career Assessment and Exploration, Career Choices and ETV Funding, and Work Experience and Your Career Path.

An Older Youth Program presentation to Court Appointed Special Advocates (CASA) was held in May 2009 and an overview of ETV as well as pamphlets were included.

The State Youth Advisory Board will be holding a youth leadership conference in summer 2009 and ETV brochures will be provided to each youth in attendance and information about the program will be presented through a workshop on resources.

Pamphlets on the ETV program are provided regularly to the Older Youth Transition Specialists in each region to distribute across the state to post-secondary schools. The Specialists have assisted local post-secondary schools in the ETV process to increase the number of schools familiar with the program.

The pamphlet is also available electronically on the intranet for all CD staff.

Missouri plans to continue providing ETV services through OFA and to continue education and outreach efforts regarding the program.

### **State Youth Advisory Board**

The State Youth Advisory Board (SYAB) reconvened at the end of FY08 and has met four times in FY09. The local boards had disengaged when the determination was made to contract Chafee services out in 2006. The State Youth Advisory board continued meeting but it was difficult to accomplish much as there were so few youth who were representing the state in various capacities. Once the Chafee contracts were awarded, the board was able to stabilize and accomplish tasks. The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Transitional Living Program (TLP) contractors and Native American Indian Centers have also been invited to nominate youth. The SYAB will meet quarterly in FY10 as well and continue efforts to include Native American Indian Center youth participation in leadership activities. Each region, via the contractors, must also provide youth leadership opportunities and skills by providing participation in a foster care youth advisory board that physically meets, an on-line, interactive web-based meeting site, or the utilization of a youth advisory board already in existence.

In FY09 the SYAB developed a youth profile for speaking engagements, leadership conferences and panels, planned a youth conference, reviewed and provided input for updating the SYAB strategic plan, the SYAB handbook, and "What's It All About" a guidebook for youth in out-of-home care, provided input for the "Kids In Court Guide" for youth in care distributed by the court, prepared talking points/brochure for Child Advocacy Day and spoke to legislators regarding these, and provided input for Missouri's treatment approach to foster care. In FY10 the SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care.

The SYAB is planning a youth and adult leadership and empowerment conference for summer 2009. Youth are presenting workshops on coping skills, resources, permanency, leadership, milestones, and self-advocacy. The SYAB plans to have a conference every other year.

Although the SYAB has grown and stabilized since reconvening, local regional boards continue to struggle with development and implementation.

Technical assistance has been requested from the National Resource Center for Youth Development (NRCYD) and consultation will be provided at the youth conference for regional boards from a NRCYD staff member.

The current SYAB members, as well as other older youth in care throughout the state, have been very active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members have presented at CD's OYP Training statewide, and numerous other local presentations. Individual SYAB members have been active on various workgroups, including the Department of Mental Health Advisory Board, the Improving Educational Outcomes for Foster Children Advisory Team, and the Child and Family Service Review Advisory Committee, and the Office of State Court Administrators workgroup. Youth throughout the state have been participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars. Youth in care and alumni youth have been selected as members of the Governor's Task Force on Aging Out which convened in October 2008 and will submit final recommendations June 2009. Youth have also participated in conferences such as the Youth/Adult Partnership Academy in 2007, the Faith-Based Conference in 2007, and the Convening on Youth Permanence Conference in 2008. Youth have also provided volunteer work by mentoring younger youth and volunteering in local CD offices.

### ***Older Youth Efforts***

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or that obtained legal guardianship after the age of sixteen as well as former foster youth. Implementation of contracts began January 1, 2008. The contract contains language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in each life skill.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development;
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan;
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed ninety days prior to the youth leaving care and documented on the Adolescent FST Guide. In FY10, a memo regarding transition planning and Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation will be disseminated to staff and available on the intranet/internet.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development. In FY09, a workgroup revised the performance assessment reporting tool, CD-95, Individual Life Skills Progress Report, to be more descriptive and in compliance with the National Youth in Transition Database (NYTD) domains. In FY10, this form will be available through the FACES system.

In FY09, a pilot program was implemented in three of the seven regions of the state to examine the Transitional Living Program's (TLP) utilization. At each Family Support Team Meeting, a TLP consideration form is completed by the case manager and signed by the youth indicating if a referral will be made and if not, reasons for this. The pilot will end in June and the workgroup will convene in July to review the data and discuss next steps for FY10.

In FY10, sample file reviews will be conducted of youth receiving Older Youth Program Services. Reviewers will look at documentation and services being provided to youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

In FY09, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers and services began and will be completed in FY10. The reviewers are representatives from Budget and Finance, Contract Management and the Practice and Professional Development Unit. Reviewers are looking at documentation and services being provided to youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

Accomplishments achieved and planned activities for each of the first five purposes of CFCIP:

*1. Assist youth to transition from dependency to self-sufficiency:*

The CD has used the CFCIP funds to staff one state level coordinator. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator is also responsible for management and oversight of the Chafee, ETV, and Transitional Living Program (TLP) contracts.

The CD revamped its Independent Living Program (ILP) in 2008 to encompass all the services and programs which are offered to foster and former foster youth including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program is called the Older Youth Program and encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher Program and Independent Living Arrangements. All Family-Centered Out-of-Home Care workers, contracted case managers, and their supervisors have been trained on the new Older Youth Program requirements. The new practice, which was implemented statewide, involved a change in philosophy and policy to include a comprehensive tool, the Adolescent Family Support Team Guide and Individualized Action Plan, to aid in transition planning for older youth.

Since completion of the Older Youth Program training, case managers have become more knowledgeable and responsible for ensuring the older youth they work with have their needs met. They have been specifically trained on CFCIP and services available to older youth in foster care and will play an essential role in the effort to meet the needs of older youth. Adolescent case managers continue to be utilized in the Northern Region. These case managers work primarily with caseloads of older youth.

All new employees are trained through a separate curriculum regarding the Older Youth Program requirements. Youth continue to receive information about available Chafee services through their case manager and the Older Youth Transition Specialists. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple Assessments including a strengths/needs assessment, the Ansell-Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan is utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

With the implementation of the Chafee services being provided through contracted agencies, the CD has moved away from teaching life skills on a group basis and focusing on the individual strengths and needs of the youth.

Life skills training is provided by contracted providers, including contracted transitional living programs. The CD has recommended providers develop competency based training modules for each set of life skills taught. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Ansell Casey Life Skills Assessment (ACLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current ACLSA with each referral for Chafee services or TLP placements. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the areas of academic achievement, job readiness, community services and supports, youth leadership, and independent living skills training. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are available for these services. Youth must be 18 to receive housing assistance.

Policy at the CD currently requires all staff to begin transition planning for all youth ages 17 and older and for those who will be leaving foster care after age 18. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. In order to prepare youth for their exit from the foster care system, the Case Manager or Children's Service Worker (CSW) meets with their youth to complete exit planning ninety days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan is used to capture the transition plan for the youth and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the Family Support Team Meeting with youth ages 14-21. Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance after leaving care within the state and out of state for services that require eligibility verification. A PowerPoint Presentation has been prepared for staff to continue education around transition planning and will be available on the CD intranet.

New policy was introduced in January 2009 supporting philosophical and programmatic changes as well as introducing new tools and forms. A PowerPoint Presentation with an overview of the Older Youth Program was placed on the CD intranet for staff in summer 2008. The CD is continuously exploring needs of staff in regards to the Older Youth Program and once a need is identified, implementing tools to assist staff to become more knowledgeable. Several links to web resources regarding Older Youth were added to the intranet.

The CD made revisions to the Transitional Living Program in SFY 07. During this revision of policy and the contract, CD requested assistance and input from various transitional living providers, including Runaway and Homeless Youth grantees, youth in foster care, and the National Resource Center on Youth Development. The CD issued a new contract in SFY 2007. The new contract allows for more flexibility with service delivery to youth

in the program, including training of independent living skills. CD met with TLP contractors in SFY 2008 to discuss contract issues including services delivery to youth, outcome reporting, appropriate referrals and potential contract enhancements.

The CD is also using CFCIP funds to staff seven Older Youth Transition Specialist (OYTS) positions located in each of the seven regions of the state. This began in 2006. Prior to this, Chafee services were provided through 15 Independent Living Program Specialist positions who were employees of the CD. The OYTS are liaisons to the IL Coordinator and contracted providers of Chafee and TLP. The OY Specialists are responsible for monitoring the contractors for compliance. They conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They are also the gatekeepers of referrals for Chafee services and TLP placements. The Specialists continue to work directly and collaboratively with the IL Coordinator, case managers, contracted providers, and youth. They continue to be responsible for on-going consultation and education to agency staff, providers, and the community. The seven Older Youth Transition Specialists may also assist with program coordination in their designated regions. Quarterly meetings are held with the Specialists and IL Coordinator. File reviews are conducted in each of the regions in an effort to improve and strengthen services and provide consistency throughout the state.

Additionally, funds are used for administration and facilitation of the State Youth Advisory Board and in summer 2009 to sponsor a youth and adult empowerment and leadership conference. The SYAB meets quarterly and the youth leadership conference is held every other year.

Plans are underway to implement the National Youth in Transition Database requirements. Older Youth Program forms are not currently in the SACWIS system. A survey tool is being developed and new service reporting mechanisms are in the process of being put in place. Contractor outcomes are in the process of being revised to match NYTD outcomes. Tools to stay connected with youth are being implemented. The IL coordinator has been given access to some social sites in order to connect with youth. The program and information technology units are working closing to ensure timely implementation and compliance measures. Representatives attended a forum in 2008 and will attend another one in June 2009 regarding NYTD. Staff has participated in numerous webinars relating to this as well.

*2. Help youth receive the education, training, and services necessary to obtain employment:*

CD case managers and Chafee and TLP contracted providers assist youth in resume development, interview skills, time management skills, employment aptitude testing and preparation for work and work life. They also provide career planning which consists of job shadowing, internships, and job site tours.

CD staff continues to refer youth to Job Corps, AmeriCorps, and all branches of the military. Missouri's Workforce Development also offers five Job Corps centers which Missouri youth can attend. Three are located in Missouri. Job Corps is a residential education and employment training program which provides vocational and academic skills to young adults between the ages of 16 and 24. Youth accepted into the program are provided with room, board, and spending money while they learn. Job Corps is committed to providing a safe environment for its students to ensure they acquire the skills and preparation they need to succeed in the workplace.

The Missouri Mentoring Partnership (MMP) provides funding to nine community partnerships to implement structured work site and community-based mentoring. When youth are referred they must complete 20-30 hours (based on the youth's learning capacity) of job readiness training. The curriculum focuses on "soft skills" training, resume preparation and mock interviews. Once the youth passes the job readiness training, they can begin their job search and then a job mentor is assigned.

Vocational rehabilitation services are utilized for youth that qualify for services through a disability. Services provided include assessment, job seeking skills, assistance with finding employment, vocational training, and individual counseling and guidance.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon has continued. The task force is comprised of leaders from public and private entities. The goal for the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. The task force will be submitting a three year plan in June 2009. One of the priority topics is employment and a representative from Workforce Development is on the panel which has increased collaboration. Money from the Federal stimulus package is available to assist youth between the ages of 16-24 with summer employment and CD is promoting this in conjunction with Workforce Development.

There have been three statewide webinars open to individuals from all agencies working with Older Youth regarding the ETV program, work and careers held in February, March, and April 2009. The E-Learning webinar to support ETV sessions were titled: Career Assessment and Exploration, Career Choices and ETV Funding, and Work Experience and Your Career Path. Websites resources have been shared in each session.

National internship opportunities have been promoted and obtained for youth in Missouri. FosterClub selects former or transitioning foster youth from across the country to serve a summer internship. FosterClub All-Stars assist in planning, facilitating and evaluating FosterClub's national teen conferences. Each FosterClub All-Star learns to demonstrate leadership qualities and an ability to connect with peers. The Orphan Foundation of America has sponsored a Missouri youth for an intern position in Washington, DC with Senator Claire McCaskill through their Intern America program.

*3. Help youth prepare for and enter post-secondary training and educational institutions:*

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a

comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The CD believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Ansell-Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services.

Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post secondary education or employment. Examples of services include tutoring, campus and program tours, assistance with financial aid applications, and obtaining graduation items.

With the passage of the Stable and Safe Families Act, Missouri offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster Care Independence Program and youth who were adopted or achieve legal guardianship after the youth 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri offers different types of post-secondary institutions, which provides education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth must be willing to participate in federal Work Study program or work part-time.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA.

In 2008-2009, there were 285 youth funded through ETV.

There is currently an advisory committee on education that meets - the Improving Educational Outcomes for Foster Children Advisory Team.

A 17 member task force was appointed in August 2008 to address the critical needs of youth aging out of care. Education is a priority topic. The panel is preparing three year recommendations to the Governor.

Educational needs were also part of Child Advocacy Day in January 2009. Members of the State Youth Advisory Board prepared talking points to present to legislators the need for additional educational assistance for youth entering post secondary training and education institutions.

An education summit sponsored by America's Promise Alliance was held in April 2009 for the entire state to address youth dropping out of high school. Various agencies across the state participated in this event through web conferencing. The priority of the summit was to improve high school completion rates. The summit also was to increase awareness, encourage collaboration and facilitate action in states and communities that want to improve their graduation rates. In addition, the dropout prevention summits purpose was to bring attention to high-need populations, create a place for topical discussions which lead to the development of local action plans, build upon existing local education reform efforts, and provide opportunities to influence local, state, and federal policy.

#### 4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young

people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan was developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth.

In February, 2008, CD staff participated in a symposium on "Missouri Foster Children and Youth and Their Educational Outcomes". This symposium was sponsored by the Missouri Coalition of Children's Agencies and the Health Care Foundation of Greater Kansas City. Participants learned about improving educational outcomes for children and youth in foster care through a panel discussion of educational advocates. Three current educational advocacy programs from Missouri shared their initiatives. State legislators from the House and Senate Appropriations Committees presented information about funding. Through this council, the CD partnered with DHSS and Children's Mercy Hospital and Clinics to sponsor four regional Mental Health Issues in Adolescence workshops in the fall of 2007. These workshops were designed to target foster parents and youth workers to help them to understand adolescent growth and development, immunizations, foster healthy relationships, eating disorders and obesity in teens and to learn about treatment and interventions. Title IV-E funding will be utilized for payment of hours worked by case managers attending this training.

Youth in foster care have been participating in the Department of Mental Health (DMH) stakeholder meetings in SFY 2008. Youth are able to give their perspective and input on DMH policy and procedures as it affects and relates to foster care youth. This participation will continue.

The Missouri Mentoring Partnership (MMP) provides resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth progress on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Contracted providers are required to assist youth in developing these skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum is a required in-service training for all foster parents who accept placements of youth 14 years or older. This training is provided as a supportive tool foster parents can use with youth to develop or enhance life skills. Foster parents work in conjunction with case managers and Chafee providers to identify specific needs of the youth.

The State Youth Advisory Board (SYAB) continues to work on the development of a peer mentoring program and some members have become mentors. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the FY 2010 year. The SYAB also plans to link with foster care alumni to assist the Board by providing support and insight.

The State Youth Advisory Board will be hosting a youth and adult empowerment and leadership conference summer 2009. The intent of the conference is to bring adults and youth together while providing motivation and leadership training.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers as an organization statewide have assisted youth throughout the state in advocating for their needs and providing emotional support.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri continues to provide services and support for youth in foster care or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are

eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on the Aftercare Program.

Missouri also extends medical coverage through MO Healthnet for youth who left care after age 18 but are not yet 21. Youth are eligible regardless of income or assets as long as they aged out in Missouri and continue to reside in Missouri. This became effective in July 2007 with the passage of SB 577, the Missouri Health Improvement Act.

Collaboration activities completed and planned with other Federal and State programs for youth include collaboration with shareholders and the courts. The Missouri state level coordinator for the CFCIP sits on the Council for Adolescent and School Health (CASH). This council is administered by the Department of Health and Senior Services (DHSS) and consists of various state and county agencies. Its goal is to support adolescent and school health and to facilitate collaboration to promote a coordinated, family, community, and school approach to achieve healthy adolescent development.

Youth in foster care have been participating in the Department of Mental Health (DMH) stakeholder meetings in SFY 2008. Youth are able to give their perspective and input on DMH policy and procedures as it affects and relates to foster care youth.

An Older Youth Transition Specialist participates in the Older Homeless Adolescent Taskforce. This is a coalition of multiple agencies and organizations within the St. Louis community coordinated by the Legal Services of Eastern Missouri, who meet quarterly to learn about each other, discuss and develop solutions, and provide community services to prevent and decrease homelessness in their area. An Older Youth Transition Specialist also serves on the Coalition for Homeless Youth Providers Services (CHYPS) and the Youth Round Table, which focuses on youth with mental health issues transitioning to adulthood and the services needed. Both meetings are held monthly in Kansas City.

The St. Louis Aging Out Initiative is a project administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets youth in the foster care who are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

In SFY 08, the CD and the Office of State Court Administrator collaborated with the National Resource Center for Youth Development, the National Resource Center on Legal and Judicial Issues and the American Bar Association Center on Children and the Law in an effort to provide training to Missouri court personnel, judges, juvenile officers and Guardians ad litem, on permanency issues of older youth in foster care, positive youth development and Chafee services. This training was offered in the fall of 2007 in seven locations around the state. The CD Independent Living Coordinator was part of the panel discussion at each site. Local foster youth and former foster youth were also panel members in each of the seven sessions.

CD and youth will participate in the Family Law Symposium in May 2009 with the Office of State Court Administrators with the National Resource Center for Youth Development, the National Resource Center on Legal and Judicial Issues and the American Bar Association Center on Children and the Law in an effort to provide training to Missouri court personnel, judges, juvenile officers and Guardians ad litem, on permanency issues of older youth in foster care, positive youth development and Chafee services. Training conducted:

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Older Youth Transition Specialists or other CD trainers on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents which are licensed

for older youth are required to receive the training. The training is conducted by local training staff.

The Older Youth Program Training, which includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was provided to Transitional Living Providers. The training was also incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers.

The Older Youth Transition Specialists continue to provide follow up training in SYF 2010 to case managers, contracted staff, and supervisors in their respective Regions. The Specialists assist staff in the implementation of changes in the Older Youth Program practice and tools.

The Center on Adolescent Sexuality, Pregnancy and Parenting (CASPP) provided 1-day training event for Chafee and TLP Providers in FY09. Participants were trained in the Making Proud Choices! curriculum and received the skills and materials necessary to implement a safer-sex approach to HIV/STDs and teen pregnancy prevention with at-risk youth.

**Service design and delivery of the trust fund program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

**Activities undertaken to involve youth in State agency efforts, such as the CFSR/PIP process:**

The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will be speaking at foster parent appreciation dinners throughout the state in May 2009. The State Youth Advisory Board members were presented an overview of the CFSR/PIP process in April 2008 and a youth was selected to represent the SYAB at the Children Service Federal Review Advisory Committee Meetings. There are three meetings scheduled for calendar year 2009. The CD provides SYAB members and other current and former foster youth with a \$25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement for their travel to any such event if they are transporting themselves.

Youth on the SYAB host and design the entire bi-annual state youth conference. Workshops and conference activities are generally led by the youth. A conference is scheduled for June 22-24, 2009.

Through the SYAB, youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the CFCIP has meant to them and how it can make a difference.

Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services
- Speaking at community meetings to provide information about foster care and adoption issues
- Participating in agency meetings and committees, such as the PIP Advisory Committee and CQI state level meeting, Federal Regional meetings
- Providing CFCIP and ETV Program information to foster parents, youth and community members
- Participating in other community youth boards or councils, such as FosterClub All-Stars and Department of Mental Health Advisory Council.
- Participating in conferences such as the Convening on Youth Permanence Conference, the Youth and Adult Partnership Academy, and Faith-Based Conference.
- Volunteering at local CD offices to gain job experience.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. For the past four three years, Missouri has sponsored an All-Star participant and will sponsor a new participant in SFY 10. Each of these youth has and will be expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

In SFY 09 the SYAB members and other current and former foster youth assisted in training CD staff on the Older Youth Program sharing their perspective on why CD's philosophy and tools will help youth transition successfully from foster care. In SFY 2010, foster youth assisted in providing Older Youth Program training to new staff.

**Educational and Training Vouchers**

Missouri will continue to expand and strengthen the ETV program to serve eligible youth. Missouri does not have a state tuition waiver program and currently uses ETV funding to assist youth with costs of attendance for post-secondary educational and training programs.

The CD is contracted with the Orphan Foundation of America (OFA) to provide ETV services. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with OFA to provide these services. Missouri has utilized all of its ETV funds for the past two years.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the OFA website at [www.statevoucher.org](http://www.statevoucher.org). Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 - 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. Post-secondary ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website allows CD to monitor youth's application and paperwork at each step of the process. OFA looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis.

Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. These services will continue as well.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs.

Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon has continued. The task force is comprised of leaders from public and private entities. The goal for the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics is education. The task force will be submitting a three year plan in June 2009. CD will support the recommendations of the task force and assist in implementation of the goals which are not available at the writing of this report.

The CD will continue efforts in educating youth, staff, and community partners on the ETV program.

For FY10-FY2014, Missouri plans to continue providing ETV services through OFA and to continue education and outreach efforts regarding the program.

### ***Older Youth Efforts***

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or that obtained legal guardianship after the age of sixteen as well as former foster youth. Implementation of contracts began January 1, 2008. The contract contains language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in each life skill.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development;
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;

- Procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan;
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed ninety days prior to the youth leaving care and documented on the Adolescent FST Guide.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development.

In FY10-FY14, sample file reviews will be conducted of youth receiving Older Youth Program Services. Reviewers will look at documentation and services being provided to youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

In FY10-FY14, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers will be reviewed to look at documentation and services being provided for youth 14-21 throughout the state in order to determine strengths and needs and improve upon these.

In FY10-FY14, all Older Youth Program (OYP) forms will be available through the FACES system. CD plans to continue contracting services out through private agencies and building upon community resources for older youth. CD will be strengthening permanency connection requirements for older youth by adding an edit in the system where three permanent connection names and addresses must be entered at the time of exit from care. CD will continue its efforts to ensure that all youth eligible for OYP services are receiving them.

CD will be compliant in reporting services and outcomes for youth for the National Youth In Transition Database (NYTD) and will develop outreach efforts for youth who are no longer in care.

For FY10-FY14, CD will continue contracting out Chafee, TLP, and ETV services and continue development of community resources. CD will be reporting services and outcomes on Older Youth and forms will be automated allowing data to be extracted regarding services and outcome. Record reviews of Older Youth and OYTS files will be conducted to evaluate services being provided as well.

### **State Youth Advisory Board**

Members of the SYAB represent all children and youth who have/are in Out-of-Home placements. Each SYAB member is responsible for providing Children's Services policy and procedural input to CD administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB).

The State Youth Advisory Board (SYAB) will meet on a quarterly basis for FY10-FY14. The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Transitional Living Program (TLP) contractors and Native American Indian Centers have also been invited to nominate youth. The SYAB will continue efforts to include Native American Indian Center youth participation in leadership activities.

In FY10-FY14, CD will work on development and full implementation of regional leadership boards with the Chafee and TLP providers.

In FY10-FY14 the SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care.

The strategic goals of the SYAB consist of developing a peer-to-peer network, advocating for car insurance policy for youth in foster care, and hosting a youth and adult conference every other year. The SYAB also wants to continue outreach activities to encourage Native American SYAB membership.

The SYAB will continue to discuss and develop a concept behind how they would like a peer mentoring network to look. There has been discussion of involvement of foster care alumni to help make this happen.

Efforts continue to advocate for car insurance for foster youth. The SYAB members previously drafted a letter about the need for foster youth to have car insurance and their idea of a group policy for foster youth.

The SYAB will plan and host a youth and adult leadership and empowerment conference on topics that they deem important for youth every other year. A conference is being held in June 2009.

SYAB members will continue to participate in Child Advocacy Day on an annual basis and advocate for issues that are important for youth in care across the state.

SYAB members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at CD's OYP Training statewide, and other local presentations. SYAB members will continue participation in various workgroups as well. Youth throughout the state will continue participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars.

For FY10-FY14, the SYAB will continue to participate in speaking engagements and advisory boards/committees throughout the state and will continue to be the voice of youth in care and increase their visibility and participation in communities.

#### **B. Chafee Five Year Plan, 2010 to 2014**

Accomplishments achieved and planned activities for each of the first five purposes of CFCIP:

##### *1. Assist youth to transition from dependency to self-sufficiency:*

The CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV, and Transitional Living Program (TLP) contracts.

The CD will also use CFCIP funds to staff seven Older Youth Transition Specialist positions located in each of the seven regions of the state. The Specialists will continue to be the liaisons to the IL Coordinator and contracted providers of Chafee and TLP. The Specialists will continue to be responsible for monitoring the contractors for compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They will be the gatekeepers of referrals for Chafee services and TLP placements. The Specialists will continue to work directly and collaboratively with the IL Coordinator, case managers, contracted providers, and youth and to be responsible for on-going consultation and education to agency staff, providers, and the community. The seven Older Youth Transition Specialists may also assist with program coordination in their designated regions. Quarterly meetings will be held with the Specialists and IL Coordinator. The Older Youth Transition Specialists duties will be reviewed and revised for consistency across the state and to assist with National Youth in Transition Database (NYTD) implementation by October 2010.

The CD Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher Program and Independent Living Arrangements. All new employees are trained through a separate curriculum regarding the Older Youth Program requirements. Youth continue to receive information about available Chafee services through their case manager and the Older Youth Transition Specialists. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple Assessments including a strengths/needs assessment, the Ansell-Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan is utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

Life skills training is provided by contracted providers, including contracted transitional living programs. The CD has recommended providers develop competency based training modules for each set of life skills taught. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Ansell Casey Life Skills Assessment (ACLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current ACLSA with each referral for Chafee services or TLP placements. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the areas of academic achievement, job readiness, community services and supports, youth leadership, and independent living skills training. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are available for these services. Youth must be 18 to receive housing assistance.

Policy at the CD currently requires all staff to begin transition planning for all youth ages 17 and older and for those who will be leaving foster care after age 18. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. In order to prepare youth for their exit from the foster care system, the Case Manager or Children's Service Worker (CSW) meets with their youth to complete exit planning ninety days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan is used to capture the transition plan for the youth and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the Family Support Team Meeting with youth ages 14-21. Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance after leaving care within the state and out of state for services that require eligibility verification. Education of staff around transition planning will continue in FY10-FY14.

Steps will be taken to evaluate philosophical and programmatic changes as well as tools and forms utilized in the OYP. The CD is continuously

exploring needs of staff in regards to the Older Youth Program and once a need is identified, implementing tools to assist staff to become more knowledgeable. Several links to web resources regarding Older Youth were added to the intranet and resources will continue to be added. The use of technology as a means to stay connected to older youth will also be used beginning in 2010.

The State Youth Advisory Board will plan and host a youth and adult empowerment and leadership conference every other year. A conference is being held June 2009. The intent of the conference is to bring adults and youth together while providing motivation and leadership training.

Plans are underway to implement the National Youth in Transition Database requirements. Older Youth Program forms are not currently in the SACWIS system. A survey tool is being developed and new service reporting mechanisms are in the process of being put in place. Contractor outcomes are in the process of being revised to match NYTD outcomes. Tools to stay connected with youth are being implemented. The IL coordinator has been given access to some social sites in order to connect with youth. The program and information technology units are working closely to ensure timely implementation and compliance measures. Representatives will attend a forum in June 2009 regarding NYTD. Staff has participated in numerous webinars relating to this as well and will continue to educate themselves and prepare for implementation of NYTD. NYTD reporting will begin in 2011 and CD plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment. CD staff and Contracted providers are and will continue working jointly in this effort.

*2. Help youth receive the education, training, and services necessary to obtain employment:*

CD case managers and Chafee and TLP contracted providers will continue to assist youth in resume development, interview skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours.

CD staff will continue to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), and vocational rehabilitation services for youth that qualify for services through a disability.

In SFY 2008, the CD has continued to participate in the development and utilization of the "Shared Youth Vision" collaborative effort. The Division of Labor, the CD, the Division of Youth Services, the Department of Secondary Education and the Department of Justice have come together to discuss how this collaboration can be an effective strategy to meeting the needs of youth involved in each agency. It is the continued goal of the CD to utilize this collaborative effort to better meet the needs of our youth in care.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon has continued. The task force is comprised of leaders from public and private entities. The goal for the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. The task force will be submitting a three year plan in June 2009. At the writing of this report, the specific recommendations are unknown but CD plans to assist in carrying out the recommendations of the task force as well as provide continued support and assistance to the panel should it be continued after the recommendations are presented.

Missouri CD plans to continue collaboration with the Orphan Foundation of America (OFA) in providing ETV services to youth as well as providing support and training to staff that work with older youth.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and OFA as well as other opportunities that present themselves for Older Youth.

*3. Help youth prepare for and enter post-secondary training and educational institutions:*

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The CD believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Ansell-Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. The Adolescent FST Guide will be put into the FACES system in 2010 which will allow Missouri to have information regarding high school graduation or GED obtainment on older youth which has not been available.

Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post secondary education or employment. Examples of services include tutoring, campus and program tours, assistance with financial aid applications, and obtaining graduation items. Missouri plans to continue supporting our Contracted providers in providing these vital services as well as increasing the number of youth serviced by these programs.

With the passage of the Stable and Safe Families Act, Missouri offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster

Care Independence Program and youth who were adopted or achieve legal guardianship after the youth 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri offers different types of post-secondary institutions, which provides education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth must be willing to participate in federal Work Study program or work part-time.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. Missouri plans to continue to strengthen and expand this program.

Members of the SYAB will continue to advocate for educational needs of youth in foster care.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan was developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth.

The Missouri Mentoring Partnership (MMP) will continue to be a resource provides resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth progress on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Contracted providers are required to assist youth in developing these skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in FY10-FY14. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum is a required in-service training for all foster parents who accept placements of youth 14 years or older. This training is provided as a supportive tool foster parents can use with youth to develop or enhance life skills. Foster parents work in conjunction with case managers and Chafee providers to identify specific needs of the youth. This will continue to be a requirement in FY10-FY14.

The State Youth Advisory Board (SYAB) continues to work on the development of a peer mentoring program and some members have become mentors. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the FY10-FY14.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers as an organization statewide have assisted youth throughout the state in advocating for their needs and providing emotional support.

*5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:*

Missouri will continue to provide services and support for youth in foster care or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on the Aftercare Program.

Missouri also extends medical coverage through MO Healthnet for youth who left care after age 18 but are not yet 21. Youth are eligible regardless of income or assets as long as they aged out in Missouri and continue to reside in Missouri. In FY10-FY14, efforts will continue to ensure that youth are made aware of this benefit.

Youth in foster care have been participating in the Department of Mental Health (DMH) stakeholder meetings. Youth are able to give their perspective and input on DMH policy and procedures as it affects and relates to foster care youth. This participation will continue.

An Older Youth Transition Specialist participates in the Older Homeless Adolescent Taskforce. This is a coalition of multiple agencies and organizations within the St. Louis community coordinated by the Legal Services of Eastern Missouri, who meet quarterly to learn about each other, discuss and develop solutions, and provide community services to prevent and decrease homelessness in their area. An Older Youth Transition Specialist also serves on the Coalition for Homeless Youth Providers Services (CHYPS) and the Youth Round Table, which focuses on youth with mental health issues transitioning to adulthood and the services needed. Both meetings are held monthly in Kansas City. Participation will continue for FY10-FY14.

The St. Louis Aging Out Initiative is a project administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets youth in the foster care who are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

**Training planned for FY10-FY14:**

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Older Youth Transition Specialists or other CD trainers on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can

use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents which are licensed for older youth are required to receive the training. The training is conducted by local training staff.

The Older Youth Program Training, which includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was provided to Transitional Living Providers. The training was also incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers.

The Older Youth Transition Specialists will continue to provide follow up training to case managers, contracted staff, and supervisors in their respective Regions. The Specialists assist staff in the implementation of changes in the Older Youth Program practice and tools.

Training will continue to be provided through the Orphan Foundation of America on topics to assist youth in obtaining an education and finding employment.

**Service design and delivery of the trust fund program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

**Activities undertaken to involve youth in State agency efforts, such as the CFSR/PIP process:**

The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at foster parent appreciation dinners throughout the state. The State Youth Advisory Board members were presented an overview of the CFSR/PIP process in April 2009 and a youth was selected to represent the SYAB at the Children Service Federal Review Advisory Committee Meetings. The CD provides SYAB members and other current and former foster youth with a \$25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement for their travel to any such event if they are transporting themselves.

Youth on the SYAB host and design the entire bi-annual state youth conference. Workshops and conference activities are generally led by the youth. A conference is scheduled for June 22-24, 2009.

Through the SYAB, youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the CFCIP has meant to them and how it can make a difference.

Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services
- Speaking at community meetings to provide information about foster care and adoption issues
- Participating in agency meetings and committees, such as the PIP Advisory Committee and CQI state level meeting, Federal Regional meetings
- Providing CFCIP and ETV Program information to foster parents, youth and community members
- Participating in other community youth boards or councils, such as FosterClub All-Stars and Department of Mental Health Advisory Council.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. For the past four three years, Missouri has sponsored an All-Star participant and will sponsor a new participant in SFY 10 and will continue this program. Each of these youth has and will be expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

In FY10-FY14 SYAB members and other current and former foster youth will assist in training CD staff on the Older Youth Program sharing their perspective on why CD's philosophy and tools will help youth transition successfully from foster care.

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## Financial Information

### Section I. Financial Information

#### 1. Payment Limitations - Title IV-B, subpart 1:

- The state did not use any title IV-B subpart 1 funds for child care, foster care maintenance and adoption assistance payments for FFY 2005 or planned to for FFY 2010.
- The state did not use any non-Federal funds for foster care maintenance payments that could be used as a match for FFY 2010.
- This information is contained within the CFS-101 report, parts I and II.

#### 2. Payment Limitations - Title IV-B, subpart 2:

- FFY2009, the percentage for IVB, Subpart 2 will be similar to FFY2006 and FFY2007 expenditures. IV-B planned expenditures for FFY 09 will be the similar to FFY06 and FFY07, and are as follows:
  - 39% on Family Preservation
  - 7% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services are also provided by in-house staff and not included in this number. For Time Limited Reunification, Divisional Staff offer Family Centered Services to families of children in our custody and provide contracted counseling services to those families. In addition, the Division has 8.5 (\$255,000) in-house staff specializing in family reunification. These staff are funded through the federal CS Pool funding which is based on the time study. IV-B Subpart 2 funds are not claimed in the Pool. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
- 54% on Community Partnerships (Community Based Family Support/Adoption Promotion Activities). Community Partnerships provides multiple services in a community based model. The Community Partners Report and Results for 2008 are included as Attachments, J and K. Also, regarding Adoption Promotion activities, the CD provides these services through several avenues that are funded through other sources than IV-B. The Division currently uses \$881,000 non-IV-B funding for the recruitment, assessment, pre-service and in-service training for potential foster and adoptive families. This is in addition to adoption activities done by Community Partnerships and staff. The division has the equivalent of more than 92 FTE (\$2.8 million in salaries) devoted to maintaining current adoption placements and developing new adoption placements. See Foster and Adoptive Recruitment in the Annual Permanency Section for more information.
- Additionally, 77 staff focuses (\$2.3 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
- CD estimated that \$452,921 of IV-B funds would be spent on Administration and Management. This estimated amount will be approximately 8% of the actual grant amount of \$5,724,941. Actual expenditures will exceed this amount for Administration and Management.

#### 3. FFY 2009 Funding - Revised Budget Request

- The state will be seeking re-allotment for IV-B subpart II funds in the amount of \$1,651,327 and MCV (Caseworker Visit) funds in the amount \$341,452. Details are on the attached CFS-101 tagged re-allotment.

#### 4. FFY 2010 Budget Request - CFS 101 (see CFS 101 attachments)

- In FFY 2007, the amount estimated for IV-B subpart 1 was \$5,724,941. The amount expended was \$5,724,941.
- In FFY 2007, \$18,890,845 was spent on IV-B part 2 type activities. \$7,411,933 was spent on Family Preservation, \$1,276,283 on Family Reunification, and \$10,202,629 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provides Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
- For IV-B part I, the amounts are similar
- For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY 2007, were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the

grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Starting in FFY 2007, these amounts were allocated according to expected expenditure levels.

- For the Chafee Foster Care Independence Program, expenditures were less than expected due to the Chafee program transition. The new program was fully operational in the fall of 2007. The Children's Division expects to fully expend these funds in the future.
- In FFY 2006, the expenditure level was lower than expected for the ETV grants due to the program implementation process. The Children's Division now contracts with a private organization to reach more children who qualify for this program, therefore, fully utilizing funding.
- The amount of Chafee grant funds expended in FFY 2007 was \$2,928,213, the total expenditures including the state match was \$3,660,266.
- The amount of Chafee grant funds expended in FFY 2008, year to date, is \$2,400,623 the total expenditures including the state match was \$3,000,779.
- In FFY 08 and FFY 09, the Children's Division expects to fully use this funding. In FFY 06 and 07, the Division was implementing a change to the Chafee program. The lower expenditures were due to this transition. For the FFY 2008 grant, \$38,925 was used for housing and maintenance payments for staff. FFY 2009 expenditures will not be available until June '09. The CD is currently in the process of revising the administration, operation, and structure of the Independent Living Program which is funded by Chafee. This may change services provided and result in more room and board being provided through the Chafee grant. However, at this point, no changes have been made, and it is difficult to provide specifics.
- In FFY 08, 245 youth received an ETV Grant. In FFY 09, a total of 285 youth have received an ETV grant, 36 YTD for the first time in FFY 09.
- The CD is in a partnership with a private agency, the Orphan Foundation of America to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of \$5,000 the goal is to reach 250 children who are in need of assistance.
- For FFY 2007, the amount of ETV grant expenditures was \$1,255,140 (federal share of \$1,004,112) and FFY 2008, year to date, is \$798,544 (federal share of \$638,835). The Division is expecting the amount to be consistent with FFY 2007 due to the on-going partnership with a private agency.
- For FFY 2009 the Monthly Casework Visit funds were used for training and technology to assist caseworkers with visits and to reduce caseworker turnover. None of the funds were used for administration.

#### 5. FFY 2007 Title IV-B Expenditure Report - CFS 101, Part III: (See attached CFS 101, Part III)

- In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY 2007, total expenditures were \$223.6 million, of which \$128.5 million was state funding. The total amount spent for Family Preservation in 1992 was \$2.8 million, most of which was state funding. In SFY 2007, the amount was \$7.4 million. Approximately, 67% of the \$7.4 million is taken to the IV-B grant (\$5 million). The remaining \$2.4 million is taken to other sources, primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For SFY2007, approximately \$6.8 million of the Community Partnerships expenditures account against the IV-B grant. Of this amount 28% is from state funding which is \$1.9 million. The remaining expenditures are funded from other sources which are primarily state funding. There are no expenditures in FFY 1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY 2005.

#### 6. Financial Status Reports

- All SF 269s were filed in October 2008.

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Children's Division

## Statistical and Supporting Information

### 1. Juvenile Justice Transfers

During the CY 2007, 53 children exited custody from CD and were transferred to DYS. During the CY 2008, 52 children exited custody from CD and were transferred to DYS. This information is derived by matching exits from the alternative care population with entries into the state's Juvenile Justice System. Both information systems used the same unique identifier for child/youth served.

### 2. Inter-Country Adoption

CD collected information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. Two (2) children who were adopted internationally entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY2008.

The two (2) children's summaries are as follows:

- The plan for one child is family reunification, but the child does not want to reunify. The concurrent plan is independent living. The child entered foster care due to allegations of abuse from the adoptive father and mother; and
- The plan for the other child is termination of parental rights/adoption. The family voluntarily relinquished custody after attempting to re-adopt the child within the adoption agency. The child entered residential care due to behavior problems

See Inter-Country Adoption in the Annual Permanency section for more information.

### 3. Monthly Caseworker Visit Data

*Last Five Years Progress (FFY 2005-2009)*

During FFY05- FFY07, worker visits data was not captured in the information system. However, in January 2008, full implementation of case management in FACES occurred, allowing automated tracking of caseworker visits. As a result, CD was equipped to monitor worker visits in a more efficient manner. Prior to this, supervisory oversight was the primary method for assuring appropriate worker visits occurred.

In FFY07, a baseline of performance on worker visits with children was established. The data system utilized by CD at that time did not allow for the tracking of caseworker visits. Therefore, in order to meet the requirement to report caseworker visit data, the division provided a manual count through a case review process beginning July 1, 2007. CD sampled the Legal Status 1 (LS 1) population or children in the care and custody of the division. The review also included children case managed by the PBC and the Specialized Case Management contracts. The sample size of 15,253 children was based on a year's population beginning June 1, 2006 and ending May 31, 2007. The reviews included children in LS 1 status on October 1, 2006 to June 30, 2007. The sample size of 375 was calculated as follows:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Population</td><td style="padding: 5px;">15253 <b>N</b></td></tr> <tr> <td style="padding: 5px;">Tolerable Error</td><td style="padding: 5px;">0.05 <b>e</b></td></tr> <tr> <td style="padding: 5px;">Confidence</td><td style="padding: 5px;">0.95 <b>CI</b></td></tr> <tr> <td style="padding: 5px;">Z value for CI</td><td style="padding: 5px;">1.96 <b>Z</b></td></tr> </table>	Population	15253 <b>N</b>	Tolerable Error	0.05 <b>e</b>	Confidence	0.95 <b>CI</b>	Z value for CI	1.96 <b>Z</b>	$n = \frac{Np(1-p)}{(N-1)\sigma^2 + p(1-p)}$ <p>where <math>\sigma = e, \therefore \sigma = \frac{e}{Z}</math></p> <p>... (most conservative) requires <math>p = .5</math></p> <p>This formula calculates a conservative sample size based on the population size N, the confidence interval Z value (1.96 for a 95% CI) and the tolerable width (error) of the CI. A tolerable error of .05 and a CI of 95% means we will accept that the true proportion, a 95% CI extends no further than .05 on each side of the sample proportion.</p>
Population	15253 <b>N</b>								
Tolerable Error	0.05 <b>e</b>								
Confidence	0.95 <b>CI</b>								
Z value for CI	1.96 <b>Z</b>								

In FFY07, for the baseline, data indicated that 209/375 (56%) children received caseworker visits each and every month the child was in care. 93% of those visits were in the child's placement.

In November 2008, Missouri was granted an extension by ACF for submission of this report, with a due date of December 31, 2008. In addition,

permission was granted for the report to be based on a random sample of children based on a previously federally approved selection method. This allowed Missouri to rectify data entry and report integrity concerns prior to final report submission. In November, a preliminary report was obtained resulting in case reviews and data entry corrections during the months of November and December under the direction of the QA Unit Manager and Regional QA Specialists.

Data for the FFY08 report were obtained exclusively from Missouri's SACWIS compliant information system (FACES). Since the first three months of this report period (October, November and December 2007) were prior to FACES implementation for some circuits, case reviews were completed and visit data was entered retroactively based on documentation and worker visits forms found in case files during QA reviews.

The sample size for the report was based on the 14,611 children or 100 percent of the foster care population for the entire year, from October 1, 2007 to September 30, 2008. The sample size of 375 was calculated as follows:

Population	14611	N	
Tolerable Error	0.05	e	
Confidence	0.95	CI	
Z value for CI	1.96	Z	

To determine the data for caseworker visits with children, using the randomly sampled 375, CD collected the following data based on the child being in CD's custody for at least an entire month for the 12-month period; 1) the number of children visited each and every calendar month they were in foster care; 2) the total number of visit months for children who were visited each and every month they were in foster care, and 3) the total number of visits which occurred in the child's residence. If a child was in care the entire 12 month period but was visited eleven of those months, the child was not included in the percentage of children in foster care who were visited during each and every calendar month. We also calculated the number of visits occurring in the residence (placement) of the child. Additionally, for comparison purposes, these calculations were stratified by the three identified age groups.

In FFY08, the Children's Division determined that 177 / 375 (47%) children received caseworker visits each and every month the child was in care. 91% of those visits were in the child's placement.

In FFY09, the Children's Division monitors worker visit compliance through a web-based report using data from the SACWIS information system. This report has proven to be instrumental in improving awareness and data entry efforts on caseworker visits. Based on this web report, in October 2008, caseworkers had visited children 49% of the time, but this improved to 85% in April 2009.

#### **Worker Visit Plan for Next Five Years (FFY 2010-1014)**

Mobility is a project currently being considered as one method for improving data entry efforts for worker visits. Mobility, including the use of laptops and wireless internet cards, would facilitate timely and accurate entry of data. This option is still under discussion at this time.

In addition, as previously mentioned, a new automated report was made available on November 20, 2008, and is available to all staff through FACES. The report is designed to help managers and staff monitor individual case frequency of visits based on state policy requirements.

The Children's Division is actively addressing data entry challenges and identifying system enhancements needed to better capture worker visits with children data. Workers can currently enter the date and location the visit took place with the child. A policy memorandum was sent on April 1st, 2008 outlining the data entry process, and again on November 20, 2008 to reinforce visit policy and to introduce the new management report discussed above.

Currently, workers use paper forms to document the quality of visits. The Checklist for Worker/Child Visits, Form CD-82, is utilized for documenting the date, time, location of the visit, who was present, safety and case-related issues discussed during the visit. Issues such as the child's perception of the family needs, if the child has any feelings of guilt or blame for the family's separation, grief or loss, the child's adjustment to their new school (if applicable), health issues, court and case goal issues, the child's participation and feelings towards treatment, and how the family visits are going, etc. Additional information system enhancements are being considered for documenting these quality components of worker visits in a structured manner which may potentially eliminate the need for paper documentation.

While FACES allows for automated recording by caseworkers, the reporting methodology and data collection will remain relatively constant through 2011.

The Children's Division will begin reporting worker visits on the full foster care population for FFY 2009 and has established incremental goals in

order to achieve 90% compliance by 2011 as follows: FFY 2008: 60%; FFY 2009: 70%; FFY 2010: 80%; FFY 2011: 90%.

The Children's Division has developed a strategic plan to improve performance for caseworker visits with children in order to meet the specified goals. See Worker Visits Strategic plan in the Other PI Requirement section.

#### Last Five Years Progress (FFY 2005-2009)

Following the baseline in FFY07 and subsequent submission of data on worker visits for FFY08, the Children's Division became aggressively involved in increasing awareness of the importance of frequent quality caseworker visits with children and the need to improve efforts to document the visits which were occurring.

In April and November 2008, policy memorandums were sent to all CD staff specifically focusing on worker visits with children. These memorandums remain available on the CD Intranet for referencing as needed.

A technical assistance meeting was held on November 5, 2008 with a National Resource Center consultant to review current policies and procedures related to worker visits with children. This meeting was attended by Central Office and Regional managers, program development specialists, training unit staff, QA and QI managers, the CFSR Coordinator, and field supervisors. The purpose of the initial meeting was to review current policy and practice and to strategize on ways to improve the quantity and quality of visits with children. Federal and State requirements for worker visits were reviewed. The significance of worker visits in directly impacting child permanency, safety and well being was discussed. Children's Division policies and procedures were reviewed, including expectations for the agency, casemanagers, supervisors and for tracking quality and quantity of visits. As a result of this meeting, a strategic plan for improving worker visits with children was developed.

The quarterly CQI In Focus newsletter has featured worker visits on several occasions. It has been used to map out succinct steps in entering the visit into our information system.

Statewide and regional strategic plans were developed and are underway. These strategic plans are targeted to improve performance for caseworker visits with children in order to meet the specified goal. Specific information regarding the strategic plans to improve worker visits is discussed further below.

Regions have initiated creative strategies for emphasizing the importance of worker visits. For example, one field manager set up a scenario at a staff meeting where 10 volunteers represented 10 children. Each volunteer was provided a child's "story" regarding all the events occurring during the last month. Then he would demonstrate what it would look like if 70% of the children on his caseload was visited. So, seven of the volunteers remained silent because the caseworker was already aware of their "story" but the three children who were not visited, read their "story" and the audience was amazed at all the information they missed out on this month by not seeing those three children. It was very powerful to the audience and drove home the importance of workers visiting with children.

A new automated report was made available on November 20. 2008, and is available to all staff, including private agency casemanagement staff, through FACES (Missouri's SACWIS information system). The report is designed to help managers and staff monitor individual case frequency of visits based on state policy requirements. CD staff and managers at all levels can view and monitor data at the aggregated state and regional levels. Individual case managers and their respective managers can monitor visits at the case level.

This screen shot demonstrates the Regional View of Caseworker Visits performance for March 2009 on the newly developed state monitoring report discussed above.

In April 2009, a reference guide was developed to assist staff in understanding data entry requirements for documenting worker visits. A dramatic improvement in data entry efforts was achieved as a result of this state report and increased awareness on how to accurately enter worker visits information. This reference guide remains available on the Intranet for continued staff self-instruction or reinforcement as needed.

This bar chart demonstrates regional performance and/or data entry improvements made between October 2008 and April 2009 after implementation of the state worker visit report and reference guide.

#### *State Policy on Worker Visits with Children:*

Current Children's Division policy requires workers to meet face to face with children in foster care the next business day following placement when possible and a minimum of two visits per month, no less than seven calendar days apart. The visit the next business day and at least one visit per month thereafter must occur in the placement setting.

Caseworkers must continually assess the children, through visits in the placement setting, for the child's:

- Safety in the placement
- Reaction to separation from his/her family
- Perception/understanding of the problem and what they would like to see happen
- Adjustment to the placement

The caseworker utilizes the CD-82 Checklist for Worker/Child Visits during visits with the child in the placement setting to address, as appropriate, the following issues:

- Child's perception of family needs
- Child's feelings of guilt or blame
- Child's loss and grief issues
- Child's perception of familial and individual strengths
- Child's desire for future placement
- Child's adjustment to current placement and school setting
- Child's participation in and feelings toward treatment and educational services offered
- How child's perception may differ from actual events
- Child's feelings of safety in the placement home
- Case goal and progress toward this goal

The Children's Division requests that all children placed through the ICPC in another state, receive contact according to Missouri standards, if possible, but at a minimum of once per month in the placement setting. It is also the expectation of our staff to have contact with children placed through ICPC in Missouri to be seen according to policy for Missouri children, which is twice per month with at least one visit in the placement setting each month.

The Children's Division will begin reporting worker visits on the full foster care population for FFY 2009 and has established incremental goals in order to achieve 90% compliance by 2011 as follows: FFY 2008: 60%; FFY 2009: 70%; FFY 2010: 80%; FFY 2011: 90%.

Statewide and Regional plans have been developed to improve performance for caseworker visits with children in order to meet the specified goals.

#### **4. Education and Training Vouchers**

See Chafee Section for write-up on Education and Training Vouchers

#### **5. Licensing Waivers**

The Missouri Children's Division does not grant licensing waivers. However, we grant variances for specific reasons for a specific timeframe. For example, in the case of non-safety licensing standards, maximum capacity or age range issues, a variance may be granted for a time limited period not to exceed the current licensure period.

#### **6. Timely Home Studies Reporting and Data**

Please see the Interstate Compact Act write-up in the Annual Practice Section.

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Children's Division

## Other Program Instruction Requirements

### 1. Consultation and Coordination

There are many collaborative groups well established while others are formed as needed to discuss and explore a particular subject. When these groups form at the local level, they often complete their work in a short amount of time and therefore do not remain established. This model of group formation fits hand-in-hand with our CQI philosophy and has provided staff at all levels a voice in resolving issues. Additionally, our intent is for this model to encourage forming a diverse group of individuals which may or may not include management.

For more information regarding individual partnership and collaborations, see Annual Partnership section

### 2. Child and Family Services Continuum

The Guiding Principles incorporate the continuum of publicly funded child and family services continuum for child abuse neglect prevention, intervention-treatment services for foster care, family preservation services, family support services, and services to support reunification, adoption, kinship care, independent living and services for other permanent living arrangements. Some of services mentioned above are received through a contractual agreement. However, all the aforementioned services are described in the Annual Progress Section of this plan.

### 3. Service Description and Purchased Services

Missouri has contracts to provide services for all programs under the Children's Division's umbrella including day care and residential treatment. In order to purchase a service from an agency or individual, they must be a vendor in our financial system. The vendor system is relatively a simple process, however, being a vendor does not guarantee the Children's Division will purchase their service. Depending on the service the vendor intends to provide, there may be a need for a contractual agreement. If this is the case, there can be a RFP process that may accompany a particular type of service.

The number of contractors and the amount spent for the services is not an indication of service gaps for Missouri. Recently, we have asked all 45 circuits to self evaluate their services and identify the barriers families and children face when accessing services. These reports have not been completely synthesized into a single document for study. The plan is to not only look at the service gaps internally but also to collaborate with external partnerships to expand service areas. The data may show a need to form new groups in some geographical areas to look at catchment areas instead of circuits for service delivery.

Missouri failed the systemic factor of Service Array from the first round of the CFSR and is focusing on this issue in our next Program Improvement Plan. The National Resource Center for Organizational Improvement discussed ideas to remedy service array issues with Missouri; however, strategies have not yet been formalized pending the availability of Readiness Assessment data.

**Below are three contracts major contracts utilized by the Children's Division.**

#### Case Management Contracts

CD administers an extensive array of purchased services. These are purchased from local public and private providers. Contracted providers play a major role in extending services to client families throughout the state.

The case management contracts were awarded on 6/1/05 to seven provider consortiums to serve the St. Louis, Kansas City, and Springfield regions. The St. Louis region consists of St. Louis City, St. Louis County, Jefferson County, and St. Charles County. The Kansas City region consists of Jackson, Clay, Andrew, and Buchanan Counties. The Springfield region consists of Greene, Christian, Taney, Lawrence, Barry, and Stone Counties.

The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central and southwestern part of the state. These regions consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald Counties.

As of 2/28/09 the active caseload for private contractors consisted of 3,207 children. This compares to 9,546 children served statewide. Approximately 33.6% of the foster care population is served through contracted case management providers.

For more information see Foster Care Case Management in the Annual Permanency Section.

#### Specialized Care Management

See Specialized Care Management Contract in the Annual Permanency Section.

#### Residential Treatment Services for Children

See Residential Treatment Services in the Annual Permanency Section

### 4. **Decision Making Process**

When new contracts or renewal of existing contracts offered out for bid, the information is posted on the Office of Administration website and notification letters are sent to contractors providing similar services. The Office of Administration notifies the Children's Division and the regional executive staff submits other names of agencies in their areas who may be interested in providing services. Notification letters are sent to existing contractors providing similar services and those identified by the Executive Staff.

Below are links to the DPMM enabling authority - Chapter 34 of the Revised Statutes and the Chapter 40 of the Code of State Regulations.

<http://www.moga.mo.gov/statutes/c034.htm>

<http://www.sos.mo.gov/adrules/csr/current/1csr/1c40-1.pdf>

### 5. **Coordination with Tribes**

Missouri does not have any recognized tribes; however, in three sections of this plan, coordination with the Native American community has occurred through initiatives and program changes. They sections are found in the Annual Partnership, Annual Permanency and the Chafee sections.

### 6. **Health Care Services Plan**

See Healthy Care Services Plan for Children and Youth in the Annual Practice Section.

### 7. **Disaster Plans**

The Children's Division is an active participant with the State Emergency Management Agency and crafted individualized emergency plans for specific purpose. All these plans are attached.

Attachment D, The Children's Division Emergency Plan

Attachment E, Emergency Plan for CA/N investigations during a disaster

Attachment F, Emergency Plan for addressing the needs and services of Foster Care children during a disaster

### 8. **Discussion of Monthly Caseworker Visit Plans**

#### **Statewide Plan to Improve Caseworker Visits with Children:**

##### **Goal 1: Improve frequency of worker visits with children in foster care.**

Strategies:

- a. Clarify policy related to frequency of worker visits with children in foster care.
  - a. Issue Practice Point covering frequency
  - b. Send clarification to contractors
- b. Train on Frequency of worker visits with children in foster care
  - a. Contractor Training
  - b. Post Practice Point online - self training
- c. Monitor Frequency of worker visits with children in foster care
  - a. Develop state worker visits with child report
  - b. Refresh report on 10th and last day of month
  - c. Develop state report reference sheet
  - d. Develop Federal Worker Visit Report
  - e. Report Monthly frequency by region at Executive Team Meetings
  - f. QA public and private staff to monitor ongoing basis
  - g. Use the quarterly CQI In Focus newsletter to highlight progress with worker visits.
- d. Regional plans to improve frequency of worker visits with children in foster care developed, implemented and monitored
  - a. Regional Plans developed
  - b. Post regional plans on individual sites on intranet
  - c. QA Monitor Regional plans

**Goal 2: Increase the number of visits occurring in the child's placement.**

*Strategies:*

- a. Clarify policy expectations of what needs to happen during a worker/child visit in placement.
  - a. Develop practice point to include information on why it is important to meet with children in their placements.
- b. Clarify documentation and data entry of worker visits with child in placement.
  - a. Develop Power Point training on data entry of worker visits in placement and post online - connect to practice point.
- c. Train expectations on worker visits with children in placement.
  - a. Train Contractors
  - b. Post Practice Point
- d. Regional Directors develop plan regarding visit expectations in placement.
  - a. Regional Directors develop plan
  - b. QA Monitor Regional plans

**Goal 3: Increase the quality of worker visits with children.**

*Strategies:*

- a. Clarify policy expectations related to quality of visits
  - a. Develop intranet site from front page with all information about worker visits in one spot.
  - b. Post tip sheet or "best ideas" on intranet
  - c. Address quality in practice point
  - d. Develop laminated prompt cards
  - e. Continually tying the importance of worker visits to permanency.

**Goal 4: Improve data entry of worker visits with children.**

*Strategies:*

- a. Modify FACES as needed to better capture actual contact and the quality of contact.
  - a. Team meeting held to develop screens
  - b. System Change Requests submitted
- b. Increase Mobility for Field Staff
  - a. Develop project plan
  - b. Pre-post surveys
  - c. Monitor Outcomes

**Regional Plans:**

**Jackson County:**

- Casemanagers will schedule visits early in month to leave opportunity to make up cancelled visits prior to month end.
- Casemanager calendars will be reviewed during supervisor case conferences.
- Supervisors will assure worker calendars allow time for data entry of visits.
- Casemanagers, Supervisors, Upper Management and QA staff will utilize the FACES visit form to monitor visit performance.
- Local QA unit (Jackson County) will do random sample case reviews, including FCCM cases.
- Worker visit performance will be discussed during monthly Team Management meetings.
- Worker visit performance will be discussed at supervisor meetings at least semi-annually.
- Guidelines for data entry of worker visits will be distributed to all staff.
- A "Cheat Sheet" for data entry of worker visits will be developed.
- Supervisors and Office Program Managers in Jackson County will submit monthly management reports to the Regional Director.
- Any Casemanager having less than 90% completion rate will have an informal plan enacted.
- FCCM Oversight Specialists will monitor FACES to ensure visits for children assigned to contracted agencies are being completed.
- Resource Parents will be informed regarding the importance of caseworker visits in their homes via the Joining Hands Newsletter in Jackson County.
- A county wide meeting in Jackson County will be held with all staff to review results of the time-study and to discuss priority setting for worker time management.

**Northern Region:**

- The topic of visits is on every meeting agenda at all levels including unit meetings, "all staff" meetings, sub-Region management meetings, management meetings with Field Support Managers and Regional Director and CQI. Best practices are shared through these venues.
- Field Support Managers and Regional Director are reviewing the managed report on visits each month. Field Support Managers review this report with Circuit Managers each month.

- In weekly conferences, Supervisors review worker case management reports and discuss progress on visits including the content of visits. Individualized plans are developed to assure visits occur and are documented.
- Each Circuit Manager and supervisor was given a tool in early 2008 to use to track visits. The tool was not mandated but the instruction was to use the tool provided or to use one that captured the required elements. Each circuit has a tool and the Field Support Managers review the progress at their monthly conferences with the Circuit Manager.
- Each Circuit has developed a local plan to address and maintain performance in meeting the worker visit with child standard of excellence
- March of 2008, all specialists in the Region were provided with a power point presentation on worker visits and this presentation has been made available to all circuits.
- Supervisors have developed processes that assist the worker in assuring that visits are scheduled per policy. Some examples of these processes are:
  - a. An expectation that visits occur the 1st and 3rd week of each month
  - b. Supervisors review worker's calendar at each weekly conference
  - c. A chart listing each child is posted in the supervisor's office and workers mark when the visit has occurred
  - d. Case managers email service workers at the beginning of each month to ask when visits are scheduled
- Instruction has been given to Circuit Managers on protocol if the visits required by service workers are not occurring per policy (supervisor to supervisor contact, Circuit Manager to Circuit Manager, Regional Director to Regional Director)
- COA maintenance "reads" focus on worker visits and the quality of the visits
- Many Circuit Managers are randomly selecting at least five cases each month to review the entry of worker visit information as well as to review the quality of the contact

#### **Southern Region:**

- Discuss information regarding worker child visits with all staff at every quarterly Circuit/Program Manager Meeting in the Southern Region
- Discussion will include the importance of the quality of worker/child visits, the importance of relationships with children (even with very young children) and the ability to help plan with FST members based on these relationships
- Supervisors will review CD Visitation forms and check FACES entries for compliance during weekly supervisory consultations (Worker Compliance Tracking, [Attachment H](#))
- Circuit/Program Managers will monitor reports founds on FACES, PRR, SCRT's to assess for compliance
- Implementation of Supervisory Consultation Visit Log ([Attachment G](#))
- Additional FACES training for staff where available
- At "all staff" Circuit Meetings, at Supervisory Unit Meetings and Circuit/Program Manager's Meetings, at Regional Staff Meetings, during individual conferences with staff at all levels, emphasize with the staff the relationship between visits and successful outcomes for children
- Children's Services Specialists to provide ongoing training to Supervisors and CSWs
- Provide Examples to new staff of what to discuss with children during worker/child visit (contact listing for each county to assign service worker)
- Develop a system for the Southern Region to assure transfer requests between Circuits are handled in a timely manner
- Utilize the results from the Southern Region Worker Time Study completed in November 2008 to create a "Reduction of Administrative Activities and Paperwork" workgroup
- Education of Resource Parents on importance of worker/child visits and how to be supportive of these visits occurring
- Encourage Southern Region staff to continue to make progress through E-mailing, speaking at unit meetings and one-on-one conferencing

#### **St. Louis City**

- St. Louis City All Sups and Specialists meetings are being used as a Leadership and Practice Improvement Academy. At each meeting the staff chose a practice issue to focus upon for the next four to six weeks. During the month of February and the month of March, improving the percentage of visitation with foster youth has been the identified practice improvement strategy for the FCOOHC program area.
- All supervisors and program managers are expected to use the managed reporting for monitoring visitation. Each supervisor was expected to establish a baseline for their group and with each worker in order to evaluate progress.
- A local tracking tool was being used prior to the managed reporting coming on line. Managers are no longer expected to use the local tracking tool but are welcome to use it if it is helpful for the supervisors and the program managers.
- Program Managers are expected to monitor visitation outcomes for each of their supervisory groups. A reporting out at the Management meeting (the second one of the month) will be an expectation. Individual conferences will also focus upon the improvement/lack of the visitation outcomes.
- All case managers are expected to use a calendar to frontload their visits with foster youth each month. Supervisors are expected to use the calendars to monitor and assure that visits are occurring. Frontloading the visitations during the first two weeks of the month should allow for all visits to occur before the end of each month.
- Visitation outcomes will be a topic of discussion at each of the All Sups/Specialists meetings-held once a month.
- A number of supervisors have imposed the first two hours of each morning as "quiet" time where staff should be inputting information in the FACES system. Other supervisors are requiring staff to input a visitation in FACES the work day following the visit. Both strategies are to insure the timely input of information into FACES regarding the visitation.

- Strategies that are working are shared with the whole at the Sups/Specialists meeting.
- There is a peer supervisory meeting held each month. Visitation continues to be a topic for that groups' meeting with the idea of promoting "peer to peer" TA on what strategies are working.
- PBC contractors will be invited to the City All Sups/Specialists meeting for a portion of the CSFR content. Previously, the oversight specialists were sharing the practice goals from that meeting.

#### **St. Louis County**

- Inform staff of expectation to enter visit contacts within 5 business days of contact & to enter complete contact info (No "See CD-82" entries).
- Document contact entry date into FACES on CD-82; Submit form to supervisors within 5 business days of contact
- Verify entry date & completeness in FACES
- Submission of visit tracking form to program manager
- Monitor service workers' visit contact entries in FACES
- Provide worker child visit entry instructions to staff
- A cheat sheet w/tips for staff given to all case managers
- Check workers' case lists on visit report against local worker visits tracking form to ensure they match
- Submit tracking form to program manager
- Monitor Circuit Manager's visitation schedules to ensure regular visits are happening
- Inform supervisor when visit policy expectations can't be met
- Monitor frequency of visits using Tracking tool & FACES Worker Visit Report to ensure visits are held 2 x month (after 10th business day of month)
- Provide strategy ideas to staff on how to improve visit frequency

#### **9. Adoption Incentive Payments**

In FY 08, Missouri did not receive adoption incentive payments to assist CD in covering the costs of adoption recruitment and related activities. However in FY 08, funding was set aside for faith based activities which also include recruitment of resource families and funding for One Church One Child.

#### **10. Training**

##### **New Objective for SFY 2010-2014**

In addition to maintaining the current training structure and professional development for front line staff and supervisors, a Learning Lab Training structure will be implemented to provide ongoing professional development for supervisors beyond their first year of initial pre-service and in-service training.

Learning Labs will be provided for all front line supervisors in all 7 regions. Supervisors will be trained in how to create an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best interest and consultation are the norm. The quarterly learning labs will be flexible enough to allow for crisis topics driven by the need identified in each region. Group facilitators will meet with the supervisors in each region to outline the learning lab model and identify regional needs .Subsequent learning labs will be held quarterly with topics driven by the region-specific needs. Structured topics may include Leadership and Management, Clinical Practice and Skill Building and Networking.

For more detailed training information see the Annual Professional Development and Training

#### **11. Technical Assistance**

Technical Assistance for Missouri occurs in two manners, internal and external. From the Central Office level, our field staff receive support and technical assistance from program development specialists, management analysis specialists, unit managers, etc. on specific program issues. If there are issues for policy interpretation, a process is in place for policy clarifications. The clarifications are sent to all staff and posted on the intranet for continual assistance. But, individual circuits may request technical assistance for a number of specific reasons. This technical assistance process is explain in the CFSP progress section 2005-2009 under the Practice Enhancement Teams / Technical Assistance.

Missouri has received technical assistance from the National Resource Centers on several occasions since 2005. In no particular order, Missouri has requested assistance with the following:

- Strengthening the Culture of Care (Residential Treatment Centers)
- Child welfare supervision
- Placement stability
- Improving outcomes for youth training
- Diligent recruitment
- Cross Jurisdictional Placements
- Recruitment and retention of resource families
- Indian Child Welfare Act

Interstate Compact

- Worker visits

The following sections are brief descriptions for the technical assistance requested.

*Strengthening the Culture of Care Training, Spring 2006*

In early 2003, the Missouri Children's Division (CD), Residential Program Unit, RPU, requested assistance from the National Resource Center for Youth Services (NRCYS) to help increase child safety and nurturance in licensed residential child care agencies. NRCYS and RPU enlisted the help of the residential child care agency community which resulted in NRCYS developing the Strengthening the Culture of Care curriculum. Train the trainer sessions were initially held in the summer of 2004.

Due to staff turnover and the request for a refresher, another round of train the trainer sessions was held in the spring of 2006. In addition, NRCYS is in the process of conducting a field study with a representative sample of agencies that received the training.

RPU found the efforts of NRCYS to be very helpful. NRCYS was well received by the training participants and there have been requests to have yet another refresher of the training with a curriculum revision helping supervisors support front line staff who use the training. RPU has had preliminary discussions with NRCYS regarding the possibility of more training in the future.

*Child Welfare Supervision*

On November 6, 2007 National Child Welfare Resource Center for Organizational Improvement (NRCOI) and the National Resource Center for Child Welfare Data and Technology (NRCCWDT) completed a two year effort to assist Missouri with designing its child welfare supervision. This effort arose out of a meeting held in 2005 to help Missouri determine what was needed for Program Improvement Plan implementation.

Many child welfare issues are typically addressed in child welfare supervision. Moreover, the field of public child welfare increasingly is focusing on supervision as a strategy for improving practice and outcomes. Across the United States, it is clear that supervisors are the most stable element of the child welfare system, and they are the keepers of the agency's culture, and that to introduce and achieve systemic change, their involvement and support is crucial.

For these reasons, it was decided that one of the first priorities in using T/TA from the NRCs would be to convene a Child Welfare Supervision Work Group in Missouri, and to use that group to study how to better support supervisors and improve supervision and, ultimately, prepare and implement a Child Welfare Supervision Strategic Plan. This Work Group was to be supported through technical assistance provided by staff and consultants of the NRCOI.

This Work Group was formed with the assistance of the Regional Directors and Central Office staff. Since its inception the workgroup has met quarterly to discuss the culture of supervision in Missouri and what can be done to improve it.

Also on November 6 - 7, NRCOI and NRCCWDT met with division leadership to begin the planning of TTA needed to help prepare for the 2010 CFSR.

Missouri's second CFSR is scheduled for June 2010. The leadership of Missouri's Children's Division requested the assistance of the NRCOI and the NRCCWDT to develop a plan for CFSR preparation. Region VII approved two days and the planning meeting was held on February 26-27, 2008 in Jefferson City. Participants included Children's Division leadership, Region VII staff, NRCOI staff and staff from NRCCWDT. The second day was also attended by staff from the Office of Research and Evaluation and staff from the division's SACWIS/FACES system section.

On the first day, the CFSR Outcomes and Systemic Factors were reviewed and the group determined where Missouri's child welfare system was at developmentally. Also identified were community stakeholders who were critical for each outcome and systemic factors. The group identified potential training and technical assistance needs for each. Also discussed was the process to assess the service array and how Missouri's jurisdictions might use the assessment to improve the well-being outcomes. An initial matrix was completed summarizing the work completed by the group.

*Placement Stability*

Placement Stability was an area identified in our last Program Improvement Plan (PIP) needing improvement. To help Missouri address this, the NRC for Family Centered Practice and Permanency appointed Lorrie Lutz to provide technical assistance with this task. The State of Missouri implemented a Placement Stability Committee to analyze this issue. The committee was comprised of all levels of staff across the state, resource providers and foster care youth.

With Lorrie Lutz's assistance the committee was able to strategize new ideas to improve Missouri's practice to better meet the needs of children and resource providers. Existing inconsistencies/barriers were identified, as well as current best practice. The committee developed recommendations designed to improve placement stability, and several were implemented in test areas or statewide. (See Attachment I- Recruitment, Retention and Placement Stability)

*Improving Outcomes for Older Youth Training*

Chaffee program services and issues such as permanency options, permanent connections with an adult, sibling connections, and permanency pacts were themes discussed at the regional older youth trainings in November, 2007. Sally Gaines, Program Development Specialist for Children's Division, provided information on Chaffee. A foster youth panel was utilized to inform the audience about their personal experience in foster care. Andrea Khoury, National Child Welfare Resource Center on Legal and Judicial Issues, and Clayton Finck, National Resource Center for Youth Services, served as faculty at two of the five regional training sessions. Mr. Finck provided an overview of *Improving Outcomes for Older Youth: What judges and attorneys need to know*. CIP funds were utilized to purchase a copy of this manual for every training participant. In addition, training funds allowed for the purchase of *Achieving Permanency for Adolescents: A Guide for Legal Professionals* for all individuals who attended the training. Ms. Khoury served as one of the project directors and authors for this publication. In her presentation she stressed the importance of involving older youth with their permanency and transition planning and court hearings. A video entitled, "No Sweet Home: Aging Out of Foster Care" was provided to each circuit. Copies were also provided to CASA and the Children's Division contracted case management agencies. The following individuals observed the first two training sessions and served as faculty for the other three: The Honorable Thomas Frawley, 22nd Judicial Circuit; Jeanne Gordon, attorney for the Juvenile Office in the 19th Judicial Circuit; and Phil McIntosh, full-time GAL for the 2nd Judicial Circuit.

There were 194 participants who attended this training. Attendees included judges, juvenile court staff, attorneys, court appointed special advocates, Children's Division staff, and contracted case management staff.

The Assessment Resource Center (University of Missouri-Columbia) was contracted to evaluate the older youth training conducted in November, 2007. The evaluation was received in May, 2008 (see attached). This evaluation included a follow-up survey which was delivered six months following the training to determine if there has been an impact on practice. While there were some suggestions to improve the training, overall it received very positive feedback. Respondents reported that the training contributed to their knowledge, influenced their practice, and encouraged them to share the information from the training with their colleagues.

#### *Diligent recruitment*

##### AdoptUSKids MEPA Diligent Recruitment

Lori Lutz from the NRC provided Training and Technical Assistance focused on improved recruitment and retention of resource families. A plan was developed for implementation into programs and policy. This plan included utilization of a web front database to track the activities associated with families approaching the agency to become foster/adoptive resources throughout the process to determine what improvements could be made to our customer service of these families. The contract for this service has been in place for one year and we are tracking improvements in the follow through of staff with interested potential resource families as well as those who enter the application and training process.

Additionally, a resource family profile and child profile is being utilized to inform families and children about the potential placements.

#### *Cross Jurisdictional Placements*

Technical Assistance was provided at the Region VII Permanency Meeting in Kansas City in an informational session presented by Linda Foster from Oklahoma Department of Human Services. Ms. Foster provided an overview of the Oklahoma military family adoption recruitment and support program. Linda provided details of how Oklahoma has found Military families to be a great resource for harder to place children, mainly large sibling groups. Oklahoma has a special recruitment committee to recruit from the military bases in Oklahoma. Additionally Oklahoma has placed children for adoption with military families stationed overseas, becoming known across Europe for being open to placing children in other countries.

Resource materials were revised and reprinted by this group and have been being utilized for over one year with a new tagline for foster/adopt recruitment of "You Won't Believe What You've been missing, consider foster care or adoption."

#### *Customer Service Assessment*

Shari Black from the NRC for Recruitment and Retention of Foster/Adoptive parents came to Missouri to help us assess our customer service system as part of a review of the Region VII states. This assessment included the a review of the process for applicants, an explanation and review of our 800 number and recruitment and response team process as well as our web front database detailing the timeframes in which families are to be contacted. A review of our recruitment materials was conducted as well as the process involved in making application to the Children's Division. Positive feedback was provided regarding our Missouri process of recruitment and customer service. A Region VII meeting to provide overall feedback has not yet been scheduled.

#### *Indian Child Welfare Act*

##### NRC for Family Centered Practice and Permanency Planning

Judge Thorne, a consultant with the Indian Child and Family Resource Center was brought to Missouri through the NRC to provide training to staff on the requirements of the Indian Child Welfare Act and Missouri's compliance with the Act. Training was provided to upper level administrators and then to field staff in person and via teleconferencing. Judge Thorne also provided consultation on Missouri's new ICWA tools and revised

policy which will go into effect in May 2009.

#### *Interstate Compact*

Technical assistance was requested from the National Resource Center on Legal and Judicial Issues to provide ICPC training to Missouri's judicial officers. The Honorable Stephen Rideout will serve as faculty, along with Children's Division ICPC staff, and a panel of Missouri's judges. The Supreme Court Chief Justice mandated all judicial officers who hear child abuse/neglect cases to attend this training. This training will occur in May, 2009.

Technical assistance was requested from the National Resource Center on Legal and Judicial Issues to provide training on educational laws to Missouri's judicial officers. Kathleen McNaught will serve as faculty. Missouri's Supreme Court Chief Justice mandated all judicial officers who hear child abuse/neglect cases to attend this training. This training will occur in May, 2009.

#### *Worker Visits*

Rose Wentz from the National Resource Center for Permanency Planning came to Missouri on November 5, 2008 to assist in a worker visit evaluation. Rose facilitated the review and led discussions on current policy and administration expectations. Following Rose's visit, several internal meetings continued which led to a strategic plan to increase the worker visits with children.

### **12. Evaluation / Research**

The Children's Division regularly participates in research initiatives evaluating child welfare issues either through direct collaboration, participation or by providing data or case level information.

#### Current and Pending Research Initiatives:

##### a. Missouri Institute of Mental Health: Youth in Transitions: Saint Louis System of Care

Youth in Transitions: Saint Louis System of Care is a longitudinal federally funded initiative, to ensure that children and youth with severe emotional disturbance (SED) who are served within the St. Louis child welfare system receive needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth In Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study.

##### b. University of Kentucky, Kent School of Social Work: Evaluation of Missouri Supervisor Professional Development Project

The University of Louisville, Kent School of Social Work has been awarded a contract to provide consultation, training, and technical assistance to the Missouri Department of Social Services, Children's Division regarding child welfare supervision.

This study will evaluate the impact of a multifaceted professional development initiative designed to improve casework supervision in the Missouri child welfare agency.

A series of focus groups and interviews will be conducted to identify the effectiveness of the intervention (360 evaluations and debriefings); the strengths and weaknesses of the process; the implementation of the project; and the impact of the process over time including examples of changes initiated as a result of the intervention. Supervisors, circuit managers, program manager, regional directors, and executive team members will be invited to complete the Missouri Supervisory Development Survey.

##### c. Research Triangle Institute: National Survey of Child and Adolescent Well-Being (NSCAW) II

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of children and families in contact with child welfare, and will relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. It brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. It relates these to developmental stage, prior experience, caregiver behavior, social services, and community environment. By drawing on these different perspectives, the study will provide new understandings of how family, child, community, and service factors affect children's well-being and will provide the foundation for new improvements to policies, programs, and practices.

NSCAW I was the first study to make available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records. It also was the first national study to examine child and family well-being outcomes in detail and to relate those outcomes to family characteristics, experiences with the child welfare system, community environment, and other factors. The study data describe the child welfare system and the experiences of children and families who come into contact with the system.

This additional study will address crucial program, practice, and policy issues regarding the dynamics of the child welfare system and outcomes

for children and families, and compare the findings between NSCAWs I and II. Data collection at baseline will include in-person interviews with children, their current caregiver, and their investigative caseworker, and a mail and web survey of teachers of school-age children. This baseline data collection will be complete in September 2009 and an 18-month follow-up (Wave 2) of the cohort in October 2009 will be launched.

By participating in NSCAW, states and agencies, including the Missouri Children's Division, have contributed to this major national effort to strengthen child welfare policies, programs, and services to children and families. Through direct interaction with those on the frontlines—caseworkers, family members, and children—the study team described the realities of the child welfare system; this will provide a basis for improving policy, program, and service planning and implementation at the Federal, State, and local levels.

d. Dave Thomas Foundation for Adoption, Child Trends: Evaluation of Wendy's Wonderful Kids adoption program

This impact and process evaluation utilizes child-focused recruitment strategies exclusively for a designated caseload of children awaiting adoption. The evaluation will document if, how, and when the Wendy's Wonderful Kids model can improve the permanency of children in foster care (in particular, adoption versus aging out or long-term foster care), and to provide information to help guide ongoing program planning; specifically: to track progress and outcomes, to identify barriers and promising practices, and to assess program impacts.

This program may lead to the permanent placement of children and youth in adoptive families. Benefits of the program include increased likelihood of adoption, decreased wait time until adoption, increased stability of adoptive and other placements, and improved child well-being, greater worker satisfaction, and more positive views of adoption in the child welfare agency and the public. Youth may also feel an increased sense of satisfaction and empowerment through the role they plan in their own behalf. This program may help reconnect children and youth with family and kin, which could be the basis for life-long, supportive relationships.

e. Washington University in St. Louis, Brown School of Social Work: Triple P with Parents referred to Child Protective Services

This pilot project will provide important background data for a planned larger randomized controlled trial (RCT), which will advance the field by (1) testing the effectiveness of Pathways Triple P with maltreating parents referred to Child Protective Services, (2) determining for which maltreating parents Pathways Triple P is effective, and (3) identifying the specific processes through which Pathways Triple P impacts parenting capacities, child behaviors and child safety.

Parents may benefit directly from participation in this study by learning (a) new parenting skills, (b) new ways to manage their child's behavior, and (c) how to better cope with anger. Additionally, a potential benefit is the knowledge that their participation may assist others in need of parent training by informing the implementation of an empirically supported parent training program within a child welfare system.

f. Washington University in St. Louis, Brown School of Social Work: Chronicity Initiative

This study is an outgrowth of the current work with the Children's Division regarding Chronic Neglect, the Breakthrough Series funded by Casey, and request for assistance with decreasing chronic neglect re-reports. This project will assist with improving current assessment practices to better identify families that are at high risk for re-reports. Focus groups of experienced child welfare workers will be used to help identify a core group of themes that may be useful in improving the screening and assessment process for the Children's Division. This information will be used in conjunction with other longitudinal studies with administrative data to help inform the assessment process. The study will serve to enhance the Children's Division's ability to meet the objective of preventing recurrence of maltreatment - particularly chronic neglect, and enhance future workplace practices, including both improving assessment tools and also training programs for new workers.

g. Missouri Institute of Mental Health: Circle of Hope, Keeping Children Safe and Families Together

This project will increase the well-being of and improve permanency outcomes for children affected by methamphetamine or other substance abuse within Missouri's Southwestern Region. Specifically, Kids Hope United - Circle of Hope (COH), the federal recipient, will augment the current regional interagency service delivery infrastructure by utilizing the Strengthening Families Approval to provide seamless, integrated, family centered services. The intended results are: a) to create an improved framework of support at the state and regional level, b) develop a service delivery grievance system beyond inpatient/outpatient (CSTAR) services for this target population who are at risk of losing their children, and c) increase client well-being through long-term stabilization and positive behavioral changes.

h. Washington University in St. Louis: Early Childhood Connections (ECC)

Early Childhood Connections (ECC) is a novel service delivery model responsive to the "Innovative Services Research" objective. Using a randomized design, this developmental study tests ECC's ability to prevent recurrent maltreatment, prevent or ameliorate maternal depression and stress in families with young children served by child welfare, in addition to preventing child development delay and later mental health disorders. To meet the needs of child welfare families, ECC is modifying existing services through coordination, collaboration and co-location by conducting a joint home visit with the family by ECC and Children's Division workers. The target population is families with children under the age of three years with newly opened in-home family-centered service cases. This study will assess implementation of ECC. The benefits of this study include elimination of barriers to accessing in-home parenting services by ECC Parents as Teachers, which will improve child well-being outcomes.

i. Washington University in St. Louis, Brown School of Social Work: Treatment Foster Care for Older Youth with Psychiatric Needs (TFC-OY)

This study is to develop and refine an evidence-based intervention that is effective in helping older youth from the foster care system with

mental health problems who are in transition to adulthood and adult service systems. The specific goals of this study are 1) to determine feasibility and preliminary effect size estimates through a small pilot, comparing TFC-OY for older youth to a matched sample of young people receiving usual child welfare services and 2) to explore the experiences of older youth consumers, providers, and foster parents to TFC-OY. This study will provide a blueprint for effective treatment, giving the Children's Division the tools to implement an evidence-based intervention into routine practice.

j. Jackson County Community Quality Assurance Committee (QCAC); Education Survey

This longitudinal study is an evaluation of the education progress of children in alternative care between the ages of 5 and 18. Files will be selected on a random basis, based on a sample size of 10% from each office and reviewed by the Children's Division Quality Assurance Administrator of Jackson County. This will help identify barriers to educational success, identify what works, identify special needs and assess if needs are being met.

#### *Disproportionality and Disparity*

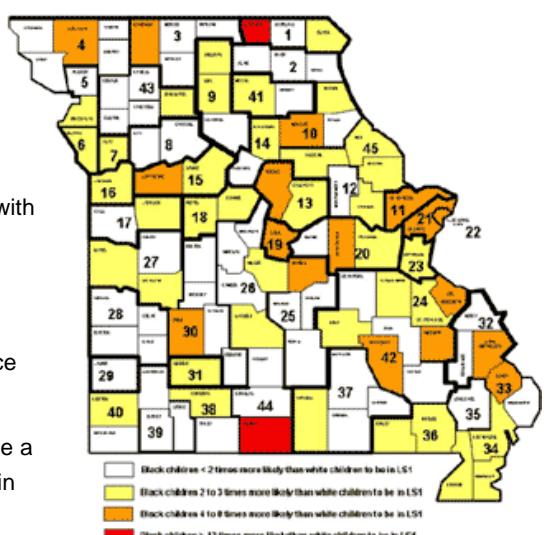
A workgroup was developed to address disproportionality of African-American children in the child welfare system. The workgroup has reviewed data that verifies that disproportionality is occurring in Missouri, and is looking for ways to reduce it. Steps include looking at our agency's:

- Mission Statement
- Organizational Structure
- Clients that we serve
- Personnel
- Programs/Policy

The group reviews each area to ensure that institutionalized racism is not affecting outcomes with children of color and that all families have equal access to services.

In partnership with Casey Family Programs, the Children's Division designed an action plan designed to support the development of a strategic approach to address the issues of disproportionality and disparities. The workgroup will utilize this action plan in an effort to reduce disproportionality and disparities of African-American children in our state.

This chart shows disparity within service areas. For example, African American clients comprise a larger ratio of consumers of Foster Care (LS1 Point in Time) than other races where 30% are in foster care, but African American children only comprise 16% of the total Child Population in Missouri (based on 2007 census information).



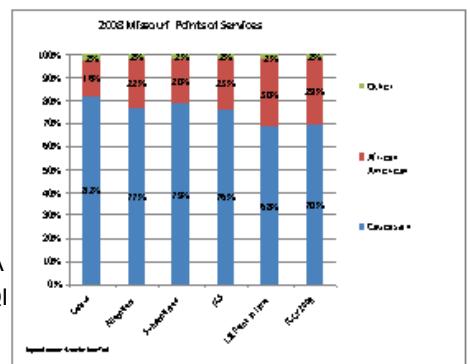
Children's Division staff participated in the "Undoing Racism" Workshop in April 2009, presented by the People's Institute for Survival and Beyond. Staff were taught how to evaluate the system to ensure that imbedded bias and institutionalized racism are eliminated, allowing all families equal access to services.

This chart shows the disproportionate number of African American foster children compared to the census ratio, broken down by Missouri Judicial Circuits.

The Division will next be assessing and addressing other possible areas of disparity, such as age or gender differences.

**13. Quality Assurance System, Last Five Years Progress (FFY 2005-2009)**

In accordance with the total quality management (TQM) philosophy, the division maintains a strong partnering of Quality Assurance (QA) and Quality Improvement (QI). As previously mentioned, the QA program was restructured with the formation of the QA unit in March, 2005 and soon thereafter, the QI Unit was formed. Many QA and QI structured activities are in place to assure practice effectiveness and the achievement of desired outcomes. All of these activities have contributed to increased performance on a number of measures including the six national standards; recurrence of maltreatment, CA/N in foster care, length of time to reunification, placement stability, timely adoption and re-entry into foster care.



#### Quality Assurance

The Quality Assurance Unit consists of the Management Analysis Specialist responsible for CFSR Coordination, seven regionally based QA Specialists, and two Program Development Specialists. The QA Unit assists in oversight of the various QA activities, analyzing the information produced by the data system, targeting specific areas needing improvement and working with regional and frontline staff and QI Specialists to develop local action plans. The QA Unit receives direction from the State QA Unit Manager and the Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the QA activities in which the division engages feed into a continuous quality improvement process. The QA data, CFSR outcomes, and accreditation best practice standards are used to inform and drive decision making in Central Office

and in the field as illustrated below. Decision making based on these components results in CQI, a process to achieve positive outcomes for children and families.

#### Quality Improvement (QI)

In July 2006, CD leadership requested the QA Unit become involved in circuit readiness for Council on Accreditation (COA) site reviews. The QA Unit worked with the COA coordinator to assess circuit readiness in critical areas such as case record fidelity, CQI, staff educational levels, staff and foster parent training, personnel records, facility readiness and caseload size. Although QA staff worked with Circuit Managers to assess readiness in all these areas, their main focus was on the fidelity of case records and ensuring a strong CQI process. Recognizing the need to expand QI activities, the QI Unit was formed in June 2007, and QI Specialists were hired to assume the QI activities.

Like the QA Unit, the QI Unit is comprised of seven strategically-based QI Specialists who are co-supervised by the QI Unit Manager in Central Office and their respective Regional Director or designee. QI is involved in systematic and continuous activities to improve all processes and systems within the division.

#### Statewide QA/QI Collaboration

At least quarterly, QA and QI staff meet together with their respective units in central office and within their Regions. QA staff discuss statewide and local initiatives and receive skill building training on data systems, Excel, Word, PowerPoint and any other relevant topics. This training assists the QA staff in providing appropriate support and consultation to regional and circuit managers, supervisors and frontline staff on how to document and analyze data. Due to the skills these staff have developed, front line staff have a greater understanding of outcomes and how their work with families impacts these measures. QI staff meet to review COA and QI progress and initiatives. The two units recently began to combine meetings for a portion of the time to reinforce strong collaboration between the units. Private Agency staff will join the QA Unit meetings for a portion of the time to foster collaboration and streamline public and private QA processes.

Private Contracted Case Management Agencies have designated QA staff within their agencies per a contracted requirement. The private agency QA staff also serve the QI functions for their agencies. Private Agency staff include Children's Division QA and QI staff in their regional CQI meetings in an additional effort to achieve practice consistency.

#### Continuous Quality Improvement

##### The Children's Division has continued its formal Continuous Quality Improvement (CQI)

process during the past five years. The CQI structure involves all levels of staff and encompasses multiple strategies. CQI examines practice performance and how it can be systematically improved. CQI meetings are conducted at tiered levels beginning in every local office county with all types and levels of staff, to assure 100% staff participation and input into continuous quality improvement. Various structured case reviews occur statewide, including peer record reviews, supervisory case reviews, practice development reviews, local case reads for quality practice assurance, and COA case record reviews. Consumer surveys are conducted and constituent issues are monitored. Staff surveys are administered annually. Despite staffing and fiscal setbacks, the division has continued to recognize the importance of preserving these CQI processes, and staff have continued to participate and see achievements, both at a local and statewide level, through the CQI process. The CQI processes mentioned herein are described in more detail below.

The CQI newsletter was used as a mechanism to focus the CQI meetings on identified specific elements, thus focusing all staff at one time on salient issues related to CFSR outcomes, worker visits with children, and other critical areas of practice. The CQI newsletter was disseminated to staff one week prior to the beginning of the first level CQI meetings. Ongoing elements of the newsletter included:

- Message from the director
- Statewide trend chart on data element with discussion of best practice associated with this element and how it affects consumers
- Links to trend charts for data element for each circuit
- CQI calendar for the quarter
- CQI success section and recognition of positive practices from a specific circuit
- Statewide CQI meeting minutes link and summary of decisions made at state level from last quarter
- Power of Prevention-quarterly article about success due to accessing early childhood services
- PDR calendar
- Mission statement
- PIP/CFSR update
- Update on COA Accreditation efforts until a separate accreditation newsletter was implemented in 2007
- An update regarding the Supervision Advisory Committee activities

#### Use and Sharing of Data

During the past five years, the QA Unit continued to strengthen existing QA processes, clean up data entered into our information systems and provide technical assistance to all levels of staff.

All throughout 2005-2009, as an effort to communicate data outcomes and relate the data to areas of practice, the newsletter, entitled In Focus, was developed quarterly and distributed to all staff. Each In Focus' edition spotlights an identified issue, such as timely permanency and worker visits with child, providing data evidence and offering some practical solutions or insight into the issue. In addition, the newsletter provides updates on progress and successes from the Continuous Quality Improvement Process. Links within the newsletter have included circuit specific user friendly charts for each data element so staff can determine performance in each of these areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The In Focus quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. While teams are encouraged to use the In Focus Newsletter in their meetings, teams are not limited to discussing newsletter items only. Any service delivery issue is appropriate for discussion during CQI meetings. The newsletter has focused on older youth, timely reunification, re-entry, worker visits with children and families, timely initial contact, Permanency Planning Reviews, fatherhood initiatives, service planning, visitation plans, data accuracy including the significance of AFCARS, NCANDS and Worker Visit data. Positive feedback is routinely received from the field indicating the newsletter assists staff in understanding how their everyday work impacts safety, permanency and well being outcomes.

The unit conducted data accuracy training as well. During 2006, the QA Unit worked to increase the integrity of data entered into our Legacy information systems. This was done through the delivery of over 113 initial Data Accuracy trainings across the state. The training addressed data entry issues in the CA/N, Family-Centered Services, Alternative Care programs, as well as the vendor Legacy systems. In most regions the training was presented by QA staff to supervisors who then in turn co-trained along with the QA staff. Using the supervisor as a co-trainer, reinforced to their staff how proper data entry related to the outcomes reported from our systems. Following conversion to the SACWIS system (FACES), staff received training on entering data into FACES as well as on-going data accuracy updates. The adjustment to the new FACES system has posed to be a challenge for staff and creative training strategies are in the works to continue to support staff with data entry efforts. With guidance from the QA Unit, field staff and managers are regularly using data and reports to drive their decision making with families.

#### AFCARS, NCANDS and Worker Visits Data:

Missouri underwent an AFCARS Assessment in March 2009. As a result, the Children's Division is working on a comprehensive AFCARS Improvement Plan to improve the quality and integrity of permanency and adoption data. Technical staff, training staff, policy staff and QA Specialists will be using strategies, including practice points, electronic and in-person trainings, policy memorandums and system modifications to improve data collection and reporting of AFCARS and NCANDS data. The QA Unit will be teaming with the state AFCARS and NCANDS liaison staff to use AFCARS and NCANDS validation reports to facilitate improved monitoring of data accuracy and outcomes.

QA Staff are aggressively involved in efforts to improve worker visits, including local improvement plans and monitoring data. See section on discussion in worker visits with children plan for additional specific information on worker visits activities.

Data accuracy training efforts during the next five years will focus on permanency, safety and well-being data, and the data integrity of AFCARS, NCANDS, MoHealthnet, IV-E and worker visits in particular. QA unit staff will conduct data accuracy training in person as well as develop electronic training which will be available through the intranet or otherwise sent out to private agency staff.

#### Survey of Organizational Excellence:

Each year, the QA Unit has administered the Survey of Organizational Excellence (SOE) to all staff. The SOE assessment is designed to link scores on the survey to issues affecting our organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment. In May 2008, 1,464 staff participated in the survey for a statewide response rate of 62%. Although this has declined from a peak in 2005 where the response rate was 69%, response rates over 50% are generally considered to be high.

Employee perception of areas of overall strength for the organization included; benefits, employee development, strategic orientation, external communication and availability of information. Employee perception of areas most needing improvement included; fair pay, job satisfaction, time and stress, internal communication and team effectiveness. These have consistently remained the highest areas of strength and weakness since 2006. The Division is exploring causes through timstudy analysis and exit interviews with staff leaving the agency to aid in determining strategies which may positively impact these factors.

The QA Unit has produced Regional Power Point presentations on the SOE results and these were provided to regional staff. A statewide summary of results were sent out to all staff and survey results were posted on the division's intranet site. In 2008, results were featured on the CQI In focus newsletter.

#### Consumer Surveys

Consumer Surveys have been sent and received from resource parents, alternative care children, adoptive families, biological families receiving CA/N investigations, family assessments, family-centered services, or Intensive In-Home Services. With a brief cessation during SACWIS conversion of case management information, the surveys have otherwise been sent consistently during FFY05-FFY09. Surveys responses have been logged so trends can be tracked. Since the surveys are anonymous, individual surveys are returned to the Regional Directors so they are made aware and can address local issues.

## *Constituent Log*

The Children's Division maintains a log of all communications and responses to and from constituents. Information from the log is available for use by management to monitor field performance and improvements in customer service.

## *Case Reviews*

Sequentially to the addition of the QA Specialists in 2005, the Peer Review Process and the Practice Development Review Process were enhanced. Soon after, the supervisory case review process began. All the aforementioned reviews are held on a statewide basis, however QA Specialists may perform "special studies" when requested. To address case record fidelity, the QA Unit developed the Case Record and Documentation training. This training information is also available on the CD Intranet for staff self-instruction or reinforcement as needed.

## *Peer Record Reviews*

The QA Unit continues to administer and monitor the PRR process. Completed on a quarterly basis, 10 percent of in-home and foster care cases statewide were randomly selected for review in the last year. The review included a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that were open or had been closed within three months immediately preceding the quarter in which the review was being conducted, and adoptions records. As with any QA process, the PRR is continuously being refined. As PRR results are used to measure a number of items related to the CFSR, the QA Unit has continued to engage in activities which ensure these reviews are done as correctly as possible. Such activities include: utilizing the QA Unit PDS to centrally monitor and coordinate administration of the PRR; QA Specialists providing on-site regionally specific PRR training prior to reviews; discussion of PRR process in the In Focus newsletter; and development of statewide PRR training in December 2006. As a result of these activities, staff have a heightened awareness of how to properly complete the PRR tool hence making the PRR results more reflective of actual practice in the field.

All frontline staff have the opportunity to participate in the PRR process. To prevent a conflict of interest and increase objectivity, reviewers were instructed not to review any case in which they are or have ever been involved and even not to review a case from their own county if possible. The reviewers name was also removed from the protocol form. In addition to this procedural change, the PRR tool and process underwent several revisions including:

- Revising the tool to reflect current policy and to clarify questions which were confusing to staff. Also ensured the tool, instructions and database all matched.
- A memo was issued to all CD staff, discussing changes to the PRR process and made the following specific recommendations to increase the integrity of the PRR data:
  - The Peer Record Review process is intended for front-line staff (Children's Services Workers) to participate in reviewing cases, not supervisors or specialists.
  - There should be a balance between new and experienced staff reviewing cases during the PRR process with all staff having an opportunity to participate in reviews during the course of the year.
  - New workers should be trained on the PRR protocol/instructions prior to reviewing cases.
  - The PRR Site Coordinator should be available to answer questions about the PRR protocol/instructions during the review process.
  - The entry database was enhanced so demographic information was automatically populated.
  - The entry database was enhanced so PRRs could be cross checked to ensure non-sample cases were not substituted for the sample cases. The enhancement also allowed for easier tracking of completions by central office.
- In May 2005, the QA Specialists received in depth training on the PRR database enhancement and began taking over the task of monitoring PRRs for completion in their regions.
- In June 2006 the PRR tool, instructions and database were revised to reflect new changes in policy.
- By December 2006, the QA Unit will develop a PRR training for use by field staff.
- Logic is being developed to incorporate the PRR into FACES. The timeframe for implementation depends on the SACWIS schedule of priorities.

These enhancement activities have caused a deflation in the PRR data in many areas making the information more reflective of actual practice in the field.

## *Child Abuse and Neglect Hotline Unit (CANHU) PRRs*

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. In October 2005 a PRR tool was added for CANHU. In January 2006, CD began collecting and analyzing results for improved outcomes. The analysis revealed that the tool seems to achieve the goal of being a quick and complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) will continue until there is more conformity in the review results. It is hoped that the reviewer agreement rate can be increased to at least 90 percent for each question before the review data can be used to properly inform the agency on strengths or needs in practice at the hotline. In the future, if a case does not pass peer review it will automatically be forwarded to a CANHU supervisor for review.

Peer Record Results are maintained on the Children's Division Intranet and distributed to all staff each quarter.

#### *Practice Development Reviews (PDR)*

PDR is modeled after the Quality Service Review model developed by Dr. Ivor Groves and Dr. Ray Foster. A PDR provides a combination of quantitative and qualitative data which reveal the current status for children and their caregivers and the impact of the service system on their status. Recommendations from a PDR are case and circuit specific.

PDRs use a performance appraisal process to determine how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

During a PDR, each case is rated on the child status and as well as how the child welfare system performed for the targeted child. Information gained through the PDRs is used to enhance the quality of services provided to families and children through providing direct feedback to front-line staff, supervisors, and administration. The QA Specialist in each region also provides presentation of the PDR results for the community.

2005 marked the first year the PDRs were decentralized. In April 2005, approximately 30 CD staff were provided with PDR reviewer train-the-trainer. Staff trained included all QA Specialists, PDS Quality Improvement Unit staff, Circuit Managers, Sup IIIs, and a variety of other staff. In addition, 23 of these staff received an additional day of training on how to provide TA to circuit managers during a PDR. QA staff were required to attend at least one more reviewer training and participate in at least two PDRs before being asked to provide reviewer training.

A reviewer training packet and PowerPoint was developed, the PDR protocol blue book was updated, an excel template for aggregating data was developed, and a template for community presentations was developed. All of the above materials and processes were based on the Jackson County model for PDRs.

Beginning May 2005, nine "decentralized" PDRs occurred across the state. Since then, each Region plans and administers their PDR's with support and assistance from the QA Unit. During FFY05-09, the division conducted a total of 36 Practice Development Reviews (PDR) across the state as follows: St. Louis City: 2; St. Louis County: 2; Jackson County: 9; Northern Region: 9; Southern Region: 14.

#### *Supervisory Case Reviews*

The SCRT underwent several revisions in 2005 and early 2006. Policy citations were also included in the tool. In July 2006, the QA Unit implemented the new Supervisory Case Review (SCR) process statewide. This case review process was put in place to support the front-line supervisor in providing staff with enhanced clinical supervision. The SCR encourages and supports supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence and well-being of Missouri's children.

Review lists are provided on a monthly basis. It is the responsibility of the Circuit Manager to provide this information to the supervisors and to ensure that the cases are reviewed at some point during the month.

The SCRT addresses child safety and well-being, as outlined in the Child and Family Services Review. Supervisors who oversee investigators and assessors review two completed hotlines from each worker each month. Supervisors who oversee FCS and out-of-home care cases review one child/case for each worker each month. Once a child/case has been reviewed, it is not selected again for at least 12 months.

As the case reviews are completed, the results are collected in two ways. First, the data from all reviews are sent to a database located in Central Office. The information from the statewide reviews are compiled and posted on the intranet quarterly. Second, the information is sent to a local spreadsheet housed on each supervisor's computer allowing the supervisor continual access to the reviews they have completed. Supervisors are able to ascertain strengths and areas of need for the workers in their units. Supervisors are encouraged to use this information during case consultations to assist workers to improve child welfare practice with the children and families served.

The SCRT and process are intended to support the front-line supervisor in providing staff with enhanced clinical supervision. The tool is structured in such a way that the supervisor will not only be able to determine if policy was followed, but also to examine the quality of the work being completed with children and families. In turn, the supervisor will be able to utilize this information during supervisory conferences with their workers. The process encourages and supports supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence, and well-being of Missouri's children.

Statewide SCR completion rates have fluctuated. In 2008, the completion rate averaged 78%, which is an improvement from the first full year of implementation where the completion rate was 75% in 2007. Results are posted on the CD Intranet and used by field managers, supervisors and QA Specialists to identify areas to focus improvement efforts on. Repeat maltreatment has consistently remained the highest score from 2006 - 2008, with an average of 99% in 2008. In this measure, the supervisor determines whether the child has had multiple substantiated reports of abuse/neglect arising from the same general conditions or perpetrators. However, during 2008, educational needs of children resulted in a low score, with an average of 69%. In 2006, the lowest score was 60% for worker visits with children. The Division has made great strides in this area,

as evidenced by the average SCRT score of 75% in 2008 for worker visits with children.

In 2008, the QA Unit conducted a formal classroom SCR training with 100% of field supervisors to assist them in understanding how the process and tool can assist them in their day-to-day supervision. Supervisors receive training credits for attending this training. Responses from the trainings were positive and a plan for sustaining statewide training for newly hired supervisors is in effect.

Additional Regional QA/QI Activities:

#### *Fostering Courts Improvement*

QA Specialists in four regions are actively involved with the Fostering Courts Improvement (FCI) Initiative. Eleven circuits are involved with this initiative. QA Specialists help FCI teams to establish and maintain strategic plans for change by regularly attending meetings and providing data on progress on permanency outcomes at the Circuit Level. For example, during 2009, the Circuit 13 Fostering Court Improvement Project Team suggested a case review to capture several data elements to determine which children were and were not reaching timely permanency. The QA Specialist created a draft review tool and presented to the team for input. After receiving approval, the QA Specialist recruited reviewers, sets up the logistics for the review, captures the data, analyzes the data and reports out the findings. See Fostering Courts Improvement Section for additional information.

#### *Worker Time Study Analysis*

The Southern Region conducted a full-scale region-wide time analysis study with frontline caseworkers. The response for the Southern Region was high. Other Regions also conducted a time study analysis with targeted circuits or staff. The time study has assisted in identifying which areas of practice need more time and those which can be reduced. The Southern Region conducted workgroups to discuss the results and to suggest improvements. The Southern Region QA/QI team is currently developing a plan with strategies for increasing staff time with clients, including increased time for caseworker visits with children.

#### Jackson County Community Quality Assurance Committee

Jackson County continues to support a Community Quality Assurance Committee (CQAC). The Committee meets half a day once per quarter. The membership of the CQAC consists of professionals from child welfare, or related disciplines, and child advocates to encompass a broad spectrum of professions so as to create a multi-disciplinary perspective within Jackson County.

Subcommittees within the CQAC have continued to meet and work on projects identified by the team members. Examples from the past year include:

- Education Subcommittee — This group meets to discuss education issues regarding children in foster care. The group is working to bring an educational collaboration program to the Jackson County area that will involve cross-training staff from the CD, resource providers, Guardian Ad-Litem's, and local educators on the needs of foster and adoptive children while in the school setting.
- Needs Assessment — The Children's Division is working with its Foster Care Case Management (FCCM) partners, and a CQAC representative, in looking at the data regarding children who enter care and our recruitment efforts. The purpose of this sub-committee is to ensure that there is correlation between our recruitment efforts and the children needing placements.
- Retention of Resource Parents — This work group is partnering with the CD staff retention unit to combine efforts as there is a connection to the retention or turnover rate of staff with that of providers.

For the upcoming year, a committee has been established to review the current policy and practice of providing medical consent for extraordinary medical care for children in CD custody. Additional CD partnerships with members of the CQAC include participating with the following local initiatives:

- CQI
- PIRT (Permanent Investigative Review Team) which is a team to staff resource homes who have had a finding of abuse, neglect or inappropriate discipline
- ACCOC (Alternative Care Children Oversight Committee) which problem solves and provides assistance in obtaining resources to provide medical, dental and mental health services to children

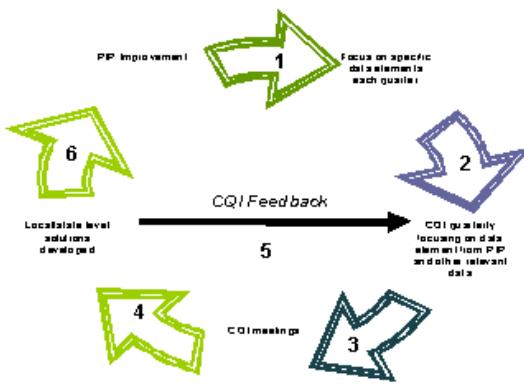
CQAC members also participate on state-wide committees regarding educational and psychological needs of children in care.

#### QA/QI Involvement with CFSR Process

##### *Program Improvement Plan (CFSR - Round One)*

During FFY05-08, the Children's Division addressed areas needing improvement which were identified during the first round CFSR through implementation of a Program Improvement Plan (PIP). With the assistance of the QA Unit, each circuit assessed PIP identified data measures, monitored them on an ongoing basis, and developed strategies to address areas needing improvement. The QA Specialists were responsible for reporting to the Central Office PIP/CFSR coordinator all PIP action step completed by the circuits. Through joint and targeted efforts, strides were made to implement policy, practice and systems change strategies which resulted in measurable improvements in the safety, permanency, and

well-being of children and families. The Children's Division successfully completed all action steps and met all of the improvement goals in our PIP by early 2008.



Using the PIP as a compass, it drove statewide focus on certain data elements to be examined in CQI by the whole state. The Children's Division plans to continue to use this model based on past success for on-going and future CFSR/PIP efforts. This chart illustrates how the PIP was used to focus the CQI process on salient PIP/CFSR items and outcomes.

## **QA Plan for Next Five Years (FFY 2010-2014)**

*Continuous Quality Improvement*

The CQI process is currently working well and no changes to the process are expected. The QA Unit plans to provide reinforcement of the process by updating the CQI handbook, increasing communication through posting regional CQI information to the CQI Intranet, and conducting reinforcement sessions with field staff and managers for continued enthusiasm for the process. Annual reports or memorandums will be distributed highlighting CQI successes and activities.

## *Use and Sharing of Data*

The CQI In Focus newsletter will continue to be produced and disseminated to all Children's Division and contracted case management staff every quarter. Again, the newsletter reviews data for staff and emphasizes areas of practice needing attention. The newsletter exclusively focuses on outcomes related to child permanency, safety, and well-being. Following successful attainment of accreditation (COA) anticipated being in late 2009, the newsletter will once again highlight COA activities and updates, in addition to the other areas mentioned previously.

The QA Unit will continue aggressive efforts to increase staff competencies in using data to drive decision making based on performance in critical areas of practice, such as timely achievement of permanency, involvement of fathers in case planning, placement stability and worker visits with children. This will occur through direct support, data accuracy training using multiple strategies, and memorandums.

The QA Unit plans to develop and produce additional electronic reports like the worker visit with child report, as possible based on other SACWIS priorities to aid staff in monitoring other strategic areas of practice.

## *Survey of Organizational Excellence (SOE)*

Other divisions within the Department of Social Services have begun to use the Survey of Organizational Excellence. Beginning in FFY09, the Children's Division will change the time for distribution to align with the other divisions. Otherwise, no changes are planned for the SOE. Results will continue to be shared and used for continued efforts to increase staff retention and morale, to improve supervision, and other areas identified as a result of the survey.

## *Consumer Surveys*

Beginning in January, 2009, the number increased so that 100% of alternative care children age 12 or older and 100% of resource providers will be surveyed once per year. The rate for the other consumers will remain the same. Surveys responses will continue to be logged to identify and address concerning trends. Individual surveys will continue to be returned to the Regional Directors to assist in oversight of local issues.

## *Constituent Log*

The QA Unit plans to increase the use of aggregate information from the constituent log for field staff training and increase awareness on quality customer service.

## Case Reviews

Peer Record Reviews (PRR)

**Revisions to the PRR tool are currently underway; the questions are being revised to address quality of practice efforts, instead of a compliance**

focus. The QA Unit is also currently working with technical staff to electronically produce and distribute the PRR forms. Once the electronic process is completed, the distribution of the forms will vary from the current process, as staff from all areas of the state, including private agency casemanager, will receive notification of assignment to a PRR from anywhere in the state. It is believed this will improve consistency in practice between regions and public/private agencies, and will facilitate the process for the individual conducting the review. The review will be based solely on information contained in FACES. The reviews will continue to be selected based on a random sampling. PRR results will continue to get posted to the CD Intranet quarterly with notification of posting sent to all staff.

#### *Practice Development Reviews*

The Practice Development Reviews will continue to be Regionally driven and directed. No changes are planned for the PDR process at this time.

#### *Supervisory Case Reviews*

Supervisory Case Reviews will continue to be conducted in the current method. Except for additional "qualitative" type questions being added to the review tools. No changes are planned at this time. Results will continue to get posted monthly to the CD Intranet and notification of posting sent to all staff.

#### *Accreditation (COA) Case Reviews*

Objective #15 of the five year plan for 2010-2014, case reads for the re-accreditation process has been included in our five year plan. Progress of this process will be monitored and results reported in each APSR.

#### *Mock Site Reviews*

Case review replicating the process and using the same tool as the CFSR will be occurring in June, July and August of 2009. The information gathered from the reviews will assist us in the writing of our statewide assessment. We will be reviewing 48 cases in four circuits.

#### *Additional Regional QA Activities*

The QA Unit will continue to conduct local situational activities as areas of need are identified. This will include data accuracy training and support, worker/ supervisor/ administrator support, activities to emphasize practice areas needing improvement, regularly providing data and collaboration with QI Unit and Private Agency QA staff, and other activities as requested by the Regional Directors or QA Unit Manager.

#### *QA/QI Collaboration*

The QA and QI units are integral in attaining and maintaining best practice standards established by the COA, sustaining improvements made from the first round of the CFSR and PIP processes and preparing for the second round of the CFSR. When CFSR, PIP or practice concerns are identified, QA staff will review and analyze data performance to identify possible causes. QA will work collaboratively with QI to determine best strategies to employ to improve outcomes. QI Specialists will implement the change strategies and monitor their effectiveness. QI Specialists will also provide ongoing technical assistance and support to regional and local staff to assist with COA activities in preparation for their COA site visits and to ensure staff in COA-approved circuits are maintaining accreditation standards. They will assess the content and quality of case records, resource home files and personnel records; evaluate the effectiveness of practice and internal processes; and assist in developing and implementing improvement plans.

#### *Strategic Planning*

The Children's Division believes the CFSR, Continuous Quality

Improvement (CQI), and efforts made toward achieving state accreditation through the Council on Accreditation, (COA) are intricately tied to one another. During the next five years, the division will continue to remain cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.

#### **14. Public Comment**

A draft of the Title IVB Plan was placed on the internet for public comment on June 5, 2009. Emails with the web link and feedback instructions were sent to the CFSR Advisory Committee, Foster Care Case Management Contractors, Child and Neglect Review Boards, Task Force on Children's Justice, Fostering Court Improvement Committee and Regional Directors. The CFSR Advisory Committee received training of Title IVB requirements per the Program Instructions on May 20, 2009. No feedback was received.

## About DSS

Office of the Director  
DSS Divisions  
Caseload Counter & Reports  
DSS Nondiscrimination Policy  
Toll Free Numbers  
Contact DSS  
Media  
Site A to Z

## Additional Resources

2-1-1 Missouri, United Way  
Influenza Information  
The Missouri Health Connection  
Federal Recovery Funding

## Useful Links

Tough Times? Need Help?  
Report Fraud  
Energy Assistance  
Child Care  
Register to Vote  
Notice of Privacy Practices

## Connect with us



## Get Viewers

Acrobat Reader  
Word  
Excel  
PowerPoint

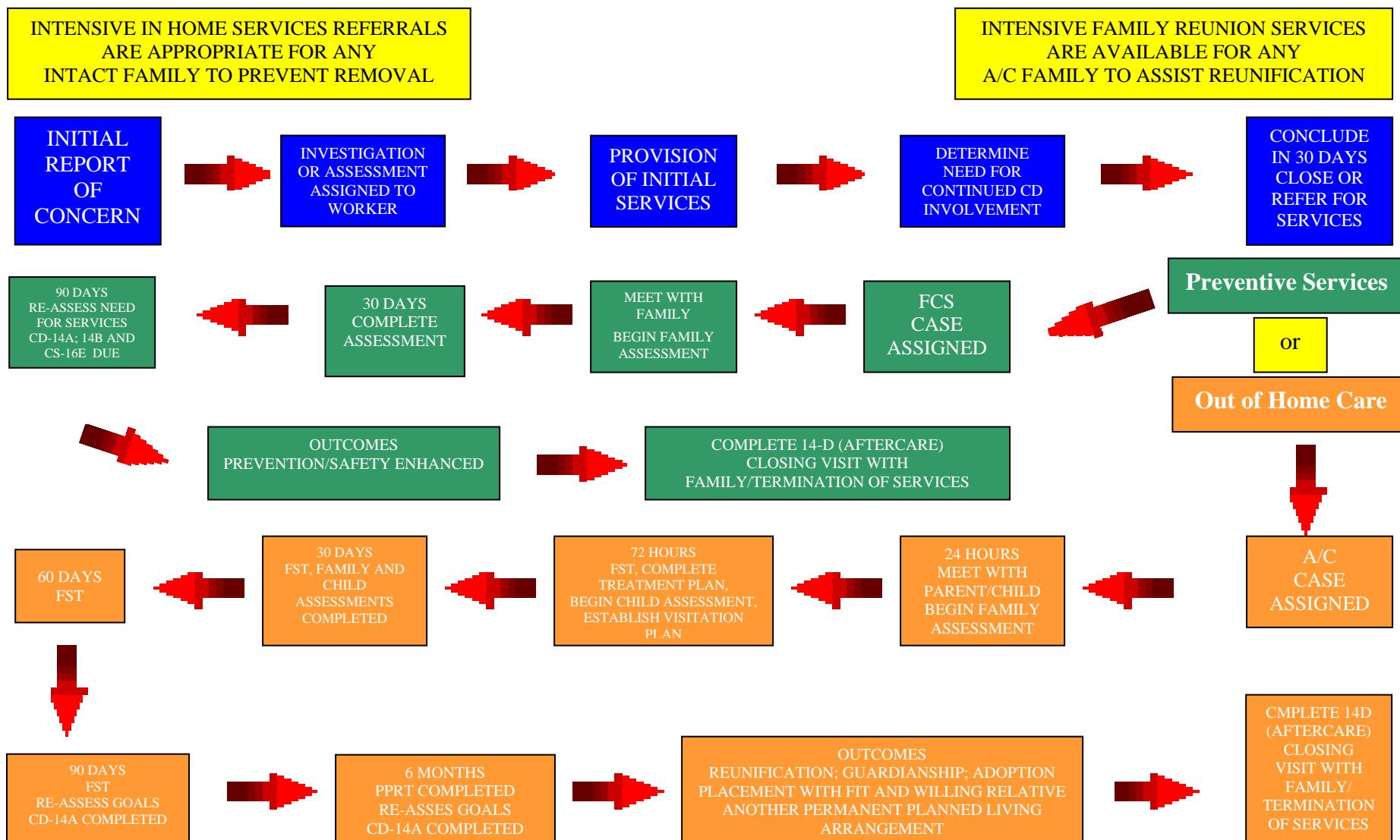


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# Missouri's Child Welfare Casemanagement Flow

CD's service delivery is strength based, family centered and solution focused. This focus is achieved through ongoing assessments of safety, risk and well-being which resolves concerns or achieves permanency. CD contracts with families to promote plans for change to remedy abuse and neglect.

CD partners with the family/juvenile court, community resources, resource families, placement providers and natural helpers to provide for the best interest of the children and families that they serve.



**Child and Family Services Review (CFSR) Advisory Committee**  
**CHARTER**  
March 2009

**Background History**

The 1994 Amendments to the Social Security Act (SSA) authorized the Department of Health and Human Services to review state child and family services programs to ensure substantial conformity with the State plan requirements in Title IV-B and IV-E of the Social Security Act. Title IV-B and Federal Regulations, Code 45, (CFR) § 1357.15 require States to submit Child and Family Services Plans (CFSP), that is, State Title IV-B plans, to the Administration for Children and Families (ACF). Through a review process, known as the Child and Family Services Review (CFSR), review teams assess child protective services, foster care, adoption, family preservation and family support, and independent living services, specifically in the areas of safety, permanency and well being. The CFSR review outcomes assist Missouri in enhancing its capacity to achieve positive outcomes for children and families.

**Collaboration History**

Missouri's Children's Division created the Program Improvement Plan (PIP) Advisory Committee, which began formally in February 2006. Prior to this formation, committees were created as needed for the Title IV-B plan, annual and five year report; CFSR statewide assessment; and the PIP. However, since the implementation of the second round of CFSRs, the ACF is requiring a collaborative process that focuses on identifying shared goals and activities and establishing a purpose, framework, and plan for improving child welfare services, which result in changes that promote improved outcomes for children and families.

**Rationale for Collaborative Need**

No single child serving agency, because of policy, programmatic or financial limitations, has the ability to provide all services and supports needed by families vulnerable to abuse and neglect. Thus, the Children's Division can best serve families by creating and sustaining an alliance, where every relevant stakeholder group or state agency believes it has a meaningful role in supporting families and keeping children safe.

**Name and Purpose**

The collaboration's name is CFSR Advisory Committee. The purpose of this collaborative advisory committee is two fold; first, to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for the children, youth and families; and second, to fulfill an ACF requirement for a collaborative process.

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and

families. A broader collaboration of this kind will benefit families in improved access and service availability, and a reduction of services and funding fragmentation.

The overarching principles guiding the CFSR collaborative process include:

- The safety, permanency, and well-being of children is a shared responsibility, and child welfare agencies should make every effort to reach out to other partners in the State who can help to achieve positive results with respect to the CFSR child welfare outcomes and system factors.
- Child welfare agencies do not serve children and families in isolation. They should work in partnership with policymakers, community leaders, and other public and private agencies to improve outcomes for children and families in their States. This includes partnering with organizations that directly serve children, youth, and families, and those whose actions import family and community life.
- Family-centered and community-based practices are integral to improving outcomes for children and families. As such, collaboration with families, including young people, is important in identifying and assessing strengths and barriers to improved outcomes for children, youth, and families.

### **Mission**

The Child and Family Service Review Advisory Committee's mission is to enhance the already established Children's Division's mission:

"To partner with families, communities and government to protect children from abuse and neglect and assure safety, permanency and well being for Missouri's children"

This collaborative process provides an opportunity for the exchange of information between the Children's Division and community partners. Additionally, it provides the environment to form new, or strengthen existing relationships with key stakeholders.

### **Scope of Responsibilities**

The responsibilities of the Child and Family Service Advisory Committee are as follows:

- To provide feedback on the Child and Family Services Plan
- To provide assistance to the Children's Division in CFSR process
- To identify additional local stakeholders throughout the state of Missouri who might provide assistance and/or services through or in conjunction with the Children's Division
- To assist the Children's Division in identifying and increasing resources for at risk families
- To assist in the development of a PIP
- To develop a stakeholder process to collaborate on the PIP

## **Membership**

The Advisory Committee comprises and honors diversity in Missouri and therefore is made up of various disciplines and representatives. Members will hold either a standing or a fluid position. Standing position requires attendance for all scheduled meetings, while fluid members are invited to meetings when discussions are directly related to their area of expertise. These members include, but may not be limited to, representatives from the following:

### **Standing Membership:**

#### Family Members:

- Adoptive Parent
- Foster Care Youth
- Foster Care Parent

#### State Agencies:

- Department of Social Services
  - Legislative Liaison
  - Children's Division
  - CFSR Lead
  - Field Manager
- MO HealthNet Division
- Division of Youth Services
- Department of Elementary and Secondary Education
  - Guidance and Counseling Representative

#### Department of Mental Health:

- DODD
- Comprehensive Psychiatric Services
- Office of Administration
  - Children's Trust Fund
- Office of State Courts Administrator
  - Fostering Court Improvement Lead

#### Community Organizations:

- Heart of America Indian Center
- Missouri CASA Association
- Children's Trust Fund
- Extension Centers
- Community Health Departments
- Private Child Welfare Agencies
  - Cornerstones of Care
  - Good Shepherd Children and Family Services

#### Universities and Colleges:

- University of Missouri, Columbia, School of Social Work

Lincoln University, Department of Social and Behavioral Sciences  
Washington University  
University of Missouri, Kansas City

Federal Liaison

ACF Regional VII, Program Specialist

**Ad Hoc Membership**

State Agencies

Department of Social Services  
Children's Division  
    FACES Information System Representative  
    Early Childhood Representative  
Department of Mental Health  
    Division of Drug and Alcohol  
Department of Health and Senior Services  
Office of Child Advocate  
Family Support Division  
    Child Support Representative

**Meetings and Leadership**

The CFSR Advisory Committee will meet every quarter, February, May, August and November. The committee, as a whole, chooses the actual day of the month and strives to keep scheduling consistent. Whenever possible, the 3<sup>rd</sup> Wednesday of the aforementioned months is the selected meeting date. These dates will be selected at the last meeting of the calendar year for the next calendar year.

The Advisory Committee leadership role will be divided into a primary and secondary level. The primary leader shall be an employee from the Children's Division and preferably the Child and Family Service Review lead. The secondary level leader (co-leader) will be a choice of the primary leader, from within the CFSR Advisory Committee (not a Children's Division representative). The co-leader will assist in planning agendas, providing insight as a participating committee member, and making suggestions and recommendations for future meetings. Co-leaders can facilitate the group in the leader's absence.



**The Charter of  
The Child Welfare Supervision Advisory  
Committee**

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### Background

In 2005, the Leadership of Missouri's Children's Division asked the National Child Welfare Resource Center for Organizational Improvement (NRCOI) for technical assistance in improving child welfare supervision in the State. Missouri had just drafted its Program Improvement Plan (PIP) as part of the Child and Family Services Review (CFSR), and many of the areas of child welfare identified as needing improvement were issues that are typically addressed in child welfare supervision.

Moreover, the field of public child welfare increasingly is focusing on supervision as a strategy for improving practice and outcomes. Across the United States, it is clear supervisors are the most stable element of the child welfare system. They are the keepers of the agency's culture. Their involvement and support is crucial to introduce and achieve systemic change. These conclusions are reinforced by the fact that over 20 states built improving child welfare supervision as a key strategy in their Program Improvement Plans in the first round of the CFSRs.

For these reasons, the leadership of the Children's Division, in consultation with the NRCOI, decided to convene a Child Welfare Supervision Work Group in Missouri, and to use that group to study how to better support supervisors and improve supervision and, ultimately, prepare and implement a Child Welfare Supervision Strategic Plan. This Work Group was formed with the assistance of the Regional Directors and Central Office staff and supported through technical assistance provided by staff and consultants of the NRCOI. The core Work Group was composed of eight supervisors from the five regions, three clinical specialists, and three Central Office staff (managers of Quality Assurance (QA), PIP and Training). The Work Group was assisted by two staff and one consultant from the NRCOI.

The Work Group met quarterly (every three months), with work conducted between meetings and conference calls held as necessary. During the course of these meetings, several changes in membership occurred, most notably the addition of a faculty member from the School of Social Work, University of Missouri at Columbia. At the conclusion of each Work Group meeting, the members met with the leadership of the Children's Division to de-brief about its work, and to get guidance and approval from the leadership. Over a period of two years, the Work Group not only produced a strategic plan with 29 action steps to support and improve supervision in Missouri but, upon approval of the plan by the Children's Division leadership, began working with components of the Children's Division to implement the action steps.

The technical assistance provided by NRCOI was completed, as scheduled, in 2007. Recognizing its contribution to enhancing supervision within the state, the Director of the Children's Division, Paula Neese, asked the Work Group to prepare a plan for its continuance. The Work Group recommended a formal charter for a standing, on-going committee to monitor and continuously advise the Division's leadership about supervision.

A charter is an official, written instrument, executed by the participating parties, that formally specifies the entity's purpose and other elements of its work. These are some of the benefits of having a formal charter:

- A charter can help the standing committee's credibility—it provides a formal definition and identity.

- It is an instrument that will help others to understand the purpose of the standing committee.
- It can help other potential partners understand how they can participate in the work of the standing committee.
- A charter can help establish a system of accountability—it defines the purpose, functions, relationships, boundaries, and responsibilities. Defining these can help the standing committee remain functional and productive.

The Work Group submitted a draft of the Charter to the Children's Division leadership for review and modification on January 28, 2008. The Charter was finalized and approved on March 10, 2008. The Committee submitted a revised Charter on April 15, 2009 to the CD Director for consideration. The revised Charter was approved on April 17, 2009.

#### Designation

The name of this entity is *the Child Welfare Supervision Advisory Committee* of Missouri's Children's Division, Department of Social Services.

The Child Welfare Supervision Advisory Committee is a standing committee of the Children's Division, created at the request of the Division's director. While it is a standing committee, it serves at the pleasure of the Division Director and can be modified, continued, or de-commissioned by the Division's leadership.

#### Vision

We envision supervisors as skilled practice change agents who promote job satisfaction and retention among front-line workers through skill development, thereby improving achievement of outcomes with children and families they serve.

#### Purpose/Functions

The Supervision Strategic Plan has been adopted as the Division's plan to support supervisors and enhance supervision. The purpose of the Child Welfare Supervision Advisory Committee is to advise the leadership of the Children's Division on continuous improvement of supervision and monitor the implementation and effects of strategies adopted to achieve such improvement.

Committee functions include:

- Monitoring developments in child welfare supervision across the country to identify emerging best practice.
- Recommending to Division leadership strategies and activities for incorporation into a strategic plan for supporting and improving child welfare supervision, including strategies and activities addressing new expectations of supervisors inherent in new policy.
- Monitoring the implementation and effects of the Division's strategic plan for supporting and improving child welfare supervision and reporting the results to Division leadership.
- Serving as the planning committee, with other participants, for any conferences of Missouri Child Welfare Supervisors.

### **Membership, Leadership, and Terms of Service**

Typically, the Committee's membership consists of approximately 18 members:

- Two representatives from each of the seven sub-regions, nominated by the Regional Director and appointed by the Division Director. Any current member may recommend to his/her Regional Director other person(s) from the region for nomination. At least one of these representatives from each region must be a supervisor at the time of his/her appointment; however, should a supervisor assume another position while serving on the Committee, s/he may complete his/her current term of appointment.
- Three Central Office staff: (1) the CFSR Coordinator; (2) a leader from the Training Unit; (3) a leader from the QA staff.
- From a university within Missouri, a faculty member with a professional focus on child welfare supervision.

Additional members may be added to the Committee by recommendation to the leadership of the Children's Division or by the leadership itself.

Representatives from the regions are appointed for two year terms of service. These should be staggered for the purpose of continuity, so that one regional representative from each region is appointed annually (i.e., calendar year). They may be re-appointed for additional terms of service.

Following the May meeting each year, a person designated by the Committee Co-Chairs shall notify the Regional Directors about expiring memberships and the need to have a new supervisor appointed. This notice would be carbon copied to the chairpersons. The Co-Chairs will assure the newly appointed supervisor will be notified of the date, time and location of the August meeting for the transition. The member rotating off will be responsible for providing a SAC information packet to the newly appointed member prior to the August meeting date.

#### **Transition Plan**

August is designated as the month of transition for supervisors after a supervisor has served two full years on the Committee. This will coincide with the annual two-day meeting. Both the incoming and the departing supervisors will attend the two day meeting. This will provide an opportunity for networking, exchange of ideas and a structured process so historical information can be passed along and the momentum of the strategic plan can continue.

The other members of the Committee serve because of the positions they hold in the Children's Division and the university and serve as long as they hold these positions.

The Committee is chaired by two co-chairs. One co-chair will be elected for a two-year term by the members during the Committee's first meeting of each calendar year. The co-chairs prepare the agendas for the meetings, convene the Committee, and chair the meetings. The co-chairs will also record attendance.

Scribe: A member of the committee shall be appointed as Scribe by the Co-Chairs.

- Scribe shall serve a term of one year, transition to occur each August
- Attends all meetings and informs co-chairs if unable to attend
- Writes or types notes according to agenda items as scheduled; scribe will have a flash drive provided to keep in scribe's possession in order to maintain files
- Updates strategic action plan as changes and additions are identified; captures all of the pieces of the strategic action plan and will check with team for accuracy
- Sends copy of minutes and strategic plan to co-chairs within two weeks of meeting date
- Copy any materials that team members need prior to or following meetings as requested by co-chairs

#### **Responsibilities of Members**

Members have a duty to promote quality in supervision within their region. This includes ongoing communication with their respective Regional Director, Field Managers, supervisors and front-line staff within their region regarding the supervision strategic plan.

#### **Meetings**

The Child Welfare Supervision Advisory Committee meets at least quarterly. Meetings typically are held in Jefferson City because of its central location. Three of these meetings each year are one day in length with the fourth meeting – an annual planning meeting – being two days in length. Additional meetings or variations in these standing meetings can be authorized by Division leadership.

Each annual planning meeting will begin with a review of and all subsequent work will be guided by the Vision contained herein and Appendix A of the Charter; i.e.,

- The purpose of child welfare supervision in Missouri
- Values and principles that guide the work of the Child Welfare Supervision Advisory Committee
- What child welfare supervisors do

Whenever possible, the Committee will meet with Division leadership at the end of each of their meetings to de-brief on their activities. Co-chairs will present information if comfortable. Others can be appointed to present upon group's consensus. Minutes of the meeting will be taken by the Scribe.

The co-chairs will prepare and submit to the Committee members and leadership of the Children's Division a written report of the proceedings following each meeting. The report following the annual planning meeting will include a summary of each member's attendance of meetings held during that calendar year. Attendance – and reasons for any absence(s) – will be a consideration for leadership in determining continuing membership.

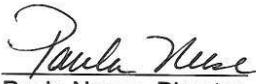
#### **Subcommittees**

- The Child Welfare Supervision Advisory Committee can create subcommittees to focus on specific supervision activities and issues (e.g., planning for the creation of learning labs; planning for a supervisors' summit, etc.). Membership on the subcommittees does

not have to be limited to the members of the Committee but can include other supervisors and other internal and external stakeholders, based on the subcommittees' foci. Membership of subcommittees should have approval of Advisory Committee.

**Changes to the Charter**

Changes to this Charter can be made at any time by recommendation to the leadership of the Children's Division. However, intent to amend the Charter should be noted on the agenda for the meeting where a change will be proposed, and the agenda should be sent to the Committee's members prior to the meeting to give participants time to think about the proposed change. Changes must be approved by the Division's leadership.



Paula Neese  
Paula Neese, Director



April 17, 2009  
Date

**Appendix A****The Purpose of Child Welfare Supervision in Missouri**

The Child Welfare Supervision Advisory Committee defines the purpose of child welfare supervision in Missouri's Children's Division is to:

- Assist workers in achieving positive outcomes for children and families.
- Advance the vision, the mission, and the principles of the Children's Division.
- Ensure the consistency of practice and policy application.
- Be responsible for worker accountability and fairness in relation to practice standards, service delivery, adherence to policy, disciplinary action, and performance appraisal.

**Values and Principles that Guide the Work of the Child Welfare Supervision Advisory Committee**

The Child Welfare Supervision Advisory Committee will:

- Promote the Children's Division as a Learning Organization – using data at every level, including supervision, to learn about practice and to achieve better outcomes.
- Advocate for clinical supervision at all professional levels to enhance the quality of services to families.
- View the worker/supervisor and supervisor/manager relationships as parallel processes to the worker/family relationship.
- Advocate for consensus.
- Make the Committee's work action oriented, with actual follow through and results documented.
- Recognize the challenges and tough issues, and face each one and find a solution.
- Commit to work with a spirit of trust, honesty, and mutual respect to build upon our individual and combined strengths.
- Plan strategically, continuing to review and build upon the plan developed in 2006, recommending changes, additions and deletions for enhancing supervision and improving the system, thereby achieving safety, permanency and well-being for the children and families we serve.

**What Child Welfare Supervisors Do**

The Committee defines what child welfare supervisors do with their supervisees:

- Seek opportunities to teach by informing, demonstrating and supporting workers as they develop new skills (On the job training).
- Helping workers develop skills by modeling, coaching, mentoring, and supporting.
- Helping workers get the big picture.
- Ensuring accurate and timely data entry, and using data to manage for results (outcomes) and manage caseloads.
- Problem solving.
- Trouble shooting.
- Crisis management.
- Time management and helping workers prioritize.
- Direct/monitor casework practice (Supervisory Case Review Tool).

Missouri Department  
Of Social Services

# **Children's Division**

## **Emergency Operations Plan**

Promulgated September 2008

# **Children's Division Emergency Operations Plan**

## **I. PURPOSE**

This document is designed to serve as an all-hazards plan for the Children's Division of the Department of Social Services. The plan is designed to help us provide the best response possible in emergency situations, with the goal of providing all services needed by the children and families we serve.

The Children's Division has a role to play in all four phases of emergency management. However, during an emergency event, the division's focus is on three areas:

- Locating and ensuring well-being of children in the division's custody;
- Providing services to children displaced from their families by the emergency;
- Continuing the operation of child protection services, as needed, during the emergency.

In addition to these duties, Children's Division employees provide support services in the Department of Social Services' mandate under the State Emergency Operations Plan to coordinate mass care and evacuation management for emergency victims.

The actions outlined in this plan to assure the safety and well-being of children are taken by our staff as a matter of course on a daily basis. This plan serves to commit the responsiveness of our staff to the needs of Missouri's children to a permanent document that can be used as a guide by others.

## **II. SITUATION AND ASSUMPTIONS**

### **A. SITUATION**

1. One of the most important duties of the Missouri Children's Division is that of serving as parent for more than 9,000 children placed into our custody by the juvenile and family courts or under court-ordered supervision in out-of-home placements. In this role, we must assure the safety and well-being of the children in our care around the clock and in all situations, including emergency and disaster situations.
2. Some 4,000 foster families, relatives and residential facilities work with the division to provide needed care and services to these children. As a

division, it is also our responsibility to assist them in the protection of the children in their care. Our goal is the best possible service to these families and children, no matter the circumstances.

3. Natural or manmade disasters and emergencies can occur without warning anywhere in the State of Missouri.
4. Governmental agencies (including the Children's Division), public and private institutions, businesses and citizens (including out-of-home care providers) may be impacted by these events.
5. Depending on the location and nature of the event, the number of children and families impacted and requiring assistance may be small and within their own capacity to respond. However, in the occurrence of a large-scale event, intervention and assistance from the Children's Division and its employees may be necessary to ensure safety and well-being of the children and families.
6. A lack of communication resources – land-line and cell phones, computers, etc. -- will hinder the efforts of CD staff in locating children and families, as well as communicating needs up the chain of command. It will be imperative that CD staff have contact with the Family Support Division county managers in their areas, as those managers have a presence at local Emergency Operations Centers. It may become necessary to temporarily locate staff at the local EOC, or another response location (law enforcement office, State Area Command Center, etc.) for communication purposes or to relay information through the local EOC to the Children's Division/DSS representative at the state EOC. Statewide, the use of ham radios in emergencies and disasters provides another communications option that is coordinated by the local emergency managers.
7. Children's Division staff will assist Family Support Division with the Department of Social Services' identified mission of providing mass care. This will occur after the safety of children in state custody and their resource families has been assured and any identified needs have been met.

## B. RISK ASSESSMENT

1. Thorough planning prior to the onset of a disaster can help to reduce the impact of the disaster. In every disaster situation, the primary goal is to protect human life. Preventing loss of and damage to property is secondary.

2. Through mitigation activities, we can reduce the loss of life and property. Mitigation is done before a disaster strikes and involves risk assessment, planning, training and exercising.
3. Each circuit and county should assess their area's and office's risk level for all types of disasters:
  - a. Natural
    - I. Tornadoes and other weather emergencies – In addition to tornadoes, Missouri is prone to other types of weather emergencies that can cause significant damage.
      - A. High-velocity straight-line winds can cause as much damage as tornadoes
      - B. Severe thunderstorms produce heavy rains resulting in flash flooding, hail, lightning strikes that can cause injury or fires, microbursts
    - II. Flooding – prolonged rain in your area or upstream can result in significant flooding
    - III. Extreme heat and cold – Missouri's climate can include prolonged periods of high or low temperatures. Either condition can prove dangerous, or even deadly, for those subject to the elements or at greater risk, such as children and the elderly.
    - IV. Winter storms – Winter ice and snow storms can result in an inability to travel, loss of utilities and danger from the cold. Effects of a winter storm in Southwest Missouri were a loss of utilities for more than two weeks in some areas and debris clean-up for months.
    - V. Wildfire – Controlled burning is a relatively common practice in Missouri and can easily get out of hand, especially in the spring when low humidity and high winds can add to the danger.
    - VI. Earthquake – Eight of the United States' earthquake source zones are in the central section of the country, with two located in the State of Missouri. The most active zone is the New Madrid Fault, which runs from northern Arkansas through southeast Missouri and western Tennessee and Kentucky to the Illinois side of the Ohio River Valley. It was the site of a significant series of earthquakes in 1811 and 1812, and makes earthquake planning a necessity in our state.

Other zones affect Missouri because of their close proximity – including the Wabash Valley Fault, Illinois Basin, and the Nemaha Uplift, which runs parallel to the Missouri-Kansas border from Lincoln, Nebraska to Oklahoma City, Oklahoma. Its earthquakes are not as

severe as those in the historic New Madrid fault zone but several have affected Missouri in the past.

- VII. Epidemics – These are serious outbreaks of disease that could sicken and kill thousands of people across the country and around the globe. Health officials say the spread of a new strain of influenza virus (a respiratory infection with fever) could reach pandemic proportions in the coming years. Flu is particularly dangerous because it spreads through the air. Other diseases of concern in this area include Smallpox, St. Louis encephalitis, Meningitis, Lyme Disease, West Nile Virus, and SARS (Severe Acute Respiratory Syndrome).

b. Accidental

- I. Nuclear Power Plant Incidents – Four nuclear facilities or reactors are in a position to pose threats to the public in Missouri under extreme circumstances. Commercial Nuclear Power Reactors threaten a worst-case scenario of significant radioactive material release that could force evacuation of the general population within a 10-mile radius of the facility. A release of this magnitude could also contaminate food sources out to a 50-mile radius. Reactors are regulated by federal agencies and must ensure the health and safety of the general population within the 10-mile Emergency Planning Zone (EPZ). DSS offices in these areas are generally involved in incident planning.
- II. Radioactive Materials Incidents/Chemical Spills – These events can occur during transportation of hazardous materials through the State of Missouri, often by truck or rail. In addition, approximately 20 flights each day from Lambert Airport in St. Louis carry nuclear medicines.
- III. Utility Outages – Utility interruptions and failures most prominently, they affect the very young or elderly at greater risk from loss of heating and cooling systems and those dependent upon medical equipment requiring a power source. Loss of communications can also adversely affect provision of emergency services, increasing the difficulty of contacting the services for emergency assistance. St. Louis experienced two significant power outages in 2006 from seemingly small weather events.
- IV. Urban Fire – Structural fires can represent a hazard to any size community, but pose significant planning concerns to those who must be concerned with evacuation of a great number of people housed in a single structure.

- V. Transportation Accident – A mass transportation accident, or even a multi-car pile-up accident, can burden a local jurisdiction’s available medical services and could involve hazardous materials or a fire, compounding the incident. Severe weather also could hamper response efforts.
- VI. Dam Failure -- When a dam fails, the pent-up water can be unleashed suddenly and catastrophically affect life and property downstream. Homes, bridges, and roads can be demolished in minutes. Loss of the reservoir can impact water supply. Missouri saw this during the recent collapse at the Taum Sauk Reservoir.

- c. Civil/Political, Terrorist and Security Events
  - I. The State of Missouri mitigates against attacks from terrorists – be they bombings, cyberterrorism attacks, agroterrorism, chemical weapons, etc. The state also mitigates for civil or political unrest that might cause riots, as well as the effects of any hazard at large-scale events from inaugurations and concerts to 4<sup>th</sup> of July celebrations, where the proximity of large numbers of people would create the possibility of a greater danger for those involved.

## C. ASSUMPTIONS

1. While the basic concepts of operations will remain the same at any level of disaster, the ways staff will be able to accomplish them will change as the severity of the event increases.
2. This document assumes at Level I the impact of the disaster is contained to a relatively small geographic area (or several geographic locations). This can include severe damage within the area, but assumes that assistance is readily available from the surrounding area. Examples would be touchdowns of tornados in one or more locations, local hazardous materials spills, structural fires, power outages, etc.
3. At Level II, impact of the disaster is spread to a broad region or regions of the state. This can include severe damage within the region. Assistance is available, but will have to come from farther away – another area of the state, for example. Examples would be weather events that cut a wide swath through the state, like the southwest Missouri ice storm of January 2007 or widespread flooding along the Missouri or Mississippi rivers.
4. At Level III, impact of the disaster is statewide and likely affects adjacent states, as well. This assumes that all areas of the state are impacted to a greater or lesser degree. Assistance may be available from other areas of the country. Examples would be an earthquake in the New Madrid

Seismic Zone, widespread terrorist activities, flooding at 500-year flood levels or a pandemic flu event.

5. Additional information may be added under each concept to address specific actions taken at Level II or Level III.
6. Life and safety issues are absolutely the top priority at all levels and decisions that will need to be made will reflect those priorities. This is especially important at Level III.
7. This plan represents action steps that would apply to a situation under normal, or best-available, circumstances. For example, the plan outlines steps that optimally would be taken by particular staff members, listed by title. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, the steps will need to be taken by anyone who is available to take them. Staff members should not be deterred from taking action, based on the job titles listed.

### **III. CONCEPT OF OPERATIONS**

#### **A. MITIGATION**

1. It is important for each circuit/county/office to conduct a risk assessment to determine what events pose a threat to their distinct locations. For example, if the office is located near railroad tracks, you should mitigate for the possibility of a derailment that might involve a fire or chemical spill.
2. Assure that the plan addresses how the office would respond to the needs of children and families, staff and their families and the public at large.
  - a. If you need help in planning for, or responding to, any of these emergency situations, conduct research and explore training opportunities to help you.
3. Staff also needs to be reaching out to our partners to understand their emergency plans and determine the ways in which we need to work together.
  - a. For example: Can residential treatment facilities in your area be used as temporary shelters for foster children during an emergency? Is your local court prepared with a plan for how children will be placed into custody in a disaster?
  - b. Consider the need to establish memorandums of understanding prior to a disaster so that, when it strikes, you and your partners will know what to expect from one another.
4. Once the plan is in place:

- a. Communicate it to staff and anyone else impacted by the plan (such as foster families, residential facilities, etc)
  - b. Exercise it periodically so that staff are familiar with the plan and can react appropriately when an event occurs.
  - c. Most importantly, update the plan periodically to assure it still meets the needs of those who will be putting it into action in the event of a disaster.
5. Take basic mitigation steps like establishing (and updating) phone trees, working with other agencies to establish relationships and memorandums of understanding to assist one another in times of disaster, and assuring that necessary equipment, like flashlights and first aid kits are available and operable at all times.
6. Consider how you would continue operations in various emergency situations. Ask yourselves questions like these:
  - a. How will we access necessary information if computer systems are unavailable?
  - b. Do we have agreements in place with other agencies, or other CD offices, to use their facilities if ours are unavailable?
  - c. Does staff know where the alternate work site is, so they can report there if our building is uninhabitable?
  - d. Do we know how to locate foster families in the event of a disaster to assure their well-being and offer assistance to them?
  - e. Have we helped our foster families and staff become individually prepared for a disaster or emergency?
  - f. Is our emergency plan up-to-date?
  - g. Is all staff aware of the plan?
  - h. Have they been a part of an exercise of the plan to determine its viability and assure they know their role in the plan?
  - i. Is all staff in the office individually and family-prepared so they can respond to work when needed?

## B. PREPAREDNESS

1. Each circuit in the Children's Division has been asked to prepare an emergency plan for all of the offices in their circuit. These planning documents can go a long way toward making us ready and able to respond to the various types of emergencies that might occur in our state.
2. In order to meet our goals of locating and ensuring the well-being of children, as well as continuing our statutorily mandated functions, we must be prepared at all levels – individually, locally and as a state-wide organization.

3. Personal Preparedness for staff and families is critically important. In our society, many people expect that, in a disaster situation, “someone” will come to rescue them and, after the disaster, will return their lives to “normal.”
  - a. The truth is that only 1 percent of the population is emergency responders – e.g., law enforcement officers, firefighters, emergency medical technicians, etc.
  - b. Even when you factor in those trained as emergency management responders, there are significantly too few people to “rescue” everyone impacted by disasters.
  - c. And, keep in mind, they will be triaging needs for assistance and responding first to situations that might result in the loss of human life.
  - d. For this reason, personal preparedness is critical. Your disaster response plan and supply kit should allow you, and your family, to be self-sustaining for at least 96 hours.
4. As part of the State Emergency Operations Plan, the Department of Social Services is tasked with providing mass care and sheltering services for disaster victims. You will be asked to respond to assist other department personnel with these critical services, as you are able and based upon your own level of impact from the disaster.
  - a. In order to provide these critical services to others, you must feel assured that your own family is safe and able to maintain without your presence. This is another reason to take steps to prepare your family.
  - b. There are a number of resources available to help families create their own disaster plans, including:
    - I. The Missouri Department of Health and Senior Services has a “Ready in 3” program that can help you with planning for disasters. For more information, go to:  
[http://www.dhss.mo.gov/Ready\\_in\\_3/](http://www.dhss.mo.gov/Ready_in_3/)
    - II. The American Red Cross also offers preparedness information at:  
[http://www.redcross.org/services/prepare/0,1082,0\\_256\\_00.html](http://www.redcross.org/services/prepare/0,1082,0_256_00.html)
    - III. The Federal Emergency Management Agency also has readiness information on their website at  
<http://www.ready.gov>. Everyone should view the “Ready America” link but of particular interest for families is the “Ready Kids” link that has fun activities that help kids understand disasters and also help in preparing the family disaster kit, etc.
  - c. You should extend your personal preparedness to cover the time when you are in the workplace or traveling, as well.

- I. A “go-kit” that has basic essentials like a flashlight, first aid kit, battery-operated radio and non-perishable food can be, literally, a life-saver. You should also consider keeping a change of clothes, including sturdy, practical shoes or boots, at work, especially if you think you may be called upon to respond.
5. Encouraging personal preparedness for providers – foster families, residential treatment facilities, child care facilities or others – helps assure the safety of children in our care. Like our staff, the children, families and the public in general is relying upon them to provide critical services. However, they will not be able to respond appropriately if worried about their own families and homes.
  - a. We have heard horror stories from disasters in other locations of service providers who left schools and nursing homes, abandoning those in need of assistance, in order to ensure the safety and well-being of their own families. While in some ways understandable, this is an unacceptable situation that we do not want to have repeated in Missouri. Helping our providers become personally prepared is critical.
6. Many residential treatment facility plans currently lack detail in emergency preparedness. We must assure that our facilities have appropriate and current emergency plans.
  - a. Sheltering In Place – In many, if not most, emergencies and disasters it is preferable to remain in place, rather than attempting an evacuation. Following are some considerations for in-place sheltering:
    - I. Is there sufficient food and water supply for at least 96 hours?
    - II. Is there a generator to provide back-up power in case of a power outage?
    - III. Has the facility registered with utility companies for priority restoration of service?
    - IV. Is there a stockpile of resident medications sufficient for at least 96 hours?
    - V. Can they access children’s records, especially medication records, without computer access?
    - VI. Is facility staff prepared to respond in the event of a disaster?
    - VII. How can we assist staff with their needs so they can report to work, i.e., could we assist with child care, transportation, etc.
    - VIII. Are we prepared to meet the emotional needs of the residents in the event of a traumatic event?
    - IX. How will we notify families that residents are safe?
  - b. Evacuation – If an evacuation of the facility becomes necessary, it will be necessary to consider these factors (among others):

- I. What sources of transportation will be used? Do we have agreements in place with transportation providers (and what other agencies will be relying on those same providers)?
- II. Where will we go and will that location be expecting us (i.e., do we have a mutual aid agreement in place)? How will we notify them we are coming?
- III. Do we have a plan to assure necessary records go with the resident to the alternate location?
- IV. How will we securely transport medications along with the resident?
- V. Which staff will be going along with the residents? Do future shifts know where to report?
- VI. How will we notify families of the move?

#### **IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

##### **A. CHAIN OF COMMAND REMAINS IN PLACE**

1. The normal Children's Division chain of command will remain intact, to the extent possible. Workers will assume responsibility for their normal activities, knowing they may also be asked to perform other duties during the course of the disaster.
2. In any disaster, but especially at Level II and Level III when great numbers of staff will be personally affected, activities will need to be accomplished by anyone who is available to take them. Staff members should not be deterred from taking action, based on the job titles listed in this plan.

# **Annex A – Child Abuse and Neglect CD Emergency Operations Plan**

**Primary Staff:** CA/N Hotline Unit  
CA/N Investigators Statewide

**Support Staff:** All staff with investigative training

## **I. PURPOSE**

The purpose of this annex is to provide direction to Children's Division staff statewide regarding how to provide statutorily required Child Abuse and Neglect investigative services during the course of an emergency.

## **II. SITUATION AND ASSUMPTIONS**

### **A. SITUATION**

1. State law requires the Children's Division to provide a 24-hour child abuse and neglect reporting system – the CA/N hotline -- and to respond to any reports of child abuse or neglect reported to the hotline.

### **B. ASSUMPTIONS**

1. The State of Missouri is susceptible to emergency events, as outlined in the risk analysis of this plan, so an emergency will occur, requiring use of this plan.
2. Staff will be personally impacted, to a greater or lesser extent, depending on the emergency situation and other staff members will need to fill critical roles.
3. Direction will come through the regular chain of command – including executive staff in Central Office, regional directors and field support managers.

## **III. CONCEPT OF OPERATIONS**

### **A. CRU HOTLINE PROCEDURES**

1. There must be a place for hotline calls to come in.
  - a. Preference is to maintain hotline at the Knipp Building in Jefferson City. To that end, a generator is to be installed summer 2008 and landlord has addressed roof issues.
  - b. If Knipp Building is not available, hotline phones can be transferred to other state phones. Agreement is in place to

- use space at the Department of Health and Senior Services Disaster Situation Room, if necessary.
- I. Requires telephone and, optimally, computers and access to the FACES system
  - II. Phones can possibly be transferred to cell phones if landlines are unavailable
  - III. Hotline staff could make use of laptops, if available
2. Staffing procedures are in place
    - a. If there are coverage issues, supervisors can take calls
    - b. Unit manager and supervisors can adjust work schedules, as necessary, to assure coverage
    - c. Staff who report to work during a weather event, e.g., ice/snow storm should be prepared to shelter at hotline if conditions make leaving dangerous
  3. Current call-out procedures are in place
    - a. In emergency situations, staff in circuits are accustomed to call-out procedures for situations where there is no power
    - b. Field support managers are accustomed to assuring staff from one circuit can respond to another circuit in need.
    - c. On-call information is backed up on MOBIUS. The hotline unit knows the on-call procedure when a county goes down. CA/N HU has a back-up paper copy with some names and numbers.
  4. Triaging/prioritizing will be necessary in large-scale disasters
    - a. Lower priority given to:
      - I. Letter referrals – M, N, P
      - II. Educational neglect
      - III. Calls with no immediate threat (72-hr. response)
    - b. Screening may need to be done on a local level or regional level with support from Central Office
    - c. Callers should be notified of the impact of the disaster on their call with a recording (or message relayed from hotline worker). For example, callers might hear "*Due to conditions in the southwest area of the state, calls will be responded to according to the severity of the issue. Your call is important and someone will respond in the next \_\_\_\_\_ days.*"
  5. Responding under a curfew
    - a. If a curfew is imposed, local staff will work with local law enforcement regarding the response to hotline calls.  
Hotline workers should be notified, through Central Office,

if staff is asked to observe a curfew, so they can relay that information to callers and direct them to call law enforcement.

6. Responding to incidents in shelters
  - a. Calls involving incidents in shelters will be responded to by local investigative staff. If CD staff are residing in the shelter, they need assure safety of children, if their own needs will allow. If CD staff are staffing the shelter, they are "on the clock" and need to mitigate the situation immediately, if it is safe for them to do so.
7. Obtaining hotline history
  - a. If hotline unit doesn't have capacity, local workers can pull up history from their offices. They can be notified to do this during call-out process. Other staff can also assist with providing history – e.g. regional staff, staff in another circuit or central office.
  - b. Return to past, pre-computer procedures -- workers determine safety as best they can. If paper copies of records are destroyed, recreate them as best they can be.

## B. CIRCUIT RESPONSE PROCEDURES

1. Safety of children must be assured
  - a. Basic safety assurance is the top priority
  - b. Acceptable standards may have to be relaxed as lack of running water, no electricity, etc., becomes a community standard.
  - c. Outcomes of investigations need to take into consideration the level of resources available and the length of time the conditions continue.
  - d. Atypical living conditions (tent cities, FEMA trailers, etc.) will need to be evaluated. To be considered will be the trauma of moving them away from family to an unaffected area vs. leaving them in less-than-optimal conditions with their family.
  - e. Consult Foster Care annex for discussion of temporarily relaxing current standards regarding number of children in a foster home in an emergency.
  - f. When locating or reaching a child in a report is an issue, work closely with partner agencies to assure safety without duplicating effort and/or putting worker safety in jeopardy. Or, ask for assistance from another circuit, if practical.
  - g. **If you cannot assure safety personally, assume responsibility for assuring it is done by someone else.**

- h. Work within the disaster framework to be able to respond.  
Follow directives of officials on the scene.
    - i. Discern if co-locating with emergency management personnel is feasible/advisable. For instance, does it simplify matters to co-locate temporarily with law enforcement or the court?
  2. Consider the safety of responding workers
    - a. In a disaster, the expectation is that staff will perform job duties, with necessary accommodations and precautions, unless they are instructed not to report or are personally affected by the disaster.
    - b. Implement precautions similar to those used in meth lab response.
    - c. Working within your chain of command, implement flexibility in allowing staff to work from other locations. Regional staff and/or central office will be active in making those decisions.
    - d. Watch for notification of implementation of the hazardous travel policy.
  3. **DOCUMENTATION WILL BE CRITICAL!!**
    - a. Document carefully what is possible to accomplish in light of the disaster and what is impossible.
  4. Unaffected areas can assist areas affected
    - a. Staff can be relocated to cover another circuit where staff are personally impacted or overwhelmed
    - b. Specialists can help supervise in other circuits
    - c. Volunteers (especially retired CD workers) could be used to assure safety of children
- C. AFFECTS TO NORMAL PROCESSES
1. If IIS cannot occur, go to immediate removal if safety cannot be assured.
  2. FCS cases will likely increase in the recovery phase
  3. CS-23s are to be completed for critical events, based on capacity, by any staff available. Notification of critical events to Central Office should be accomplished by some means, even informally, as soon as information is collected.
  4. Child fatality review board meetings will be determined by local protocols.
  5. Child-placing may be accomplished by looking outside of typical resources for other congregate placements if residential facilities are down.

6. Work with hospitals, law enforcement and courts to secure emergency medical treatment for unattached minors.

**D. PREPARING WITH PARTNERS BEFORE THE EMERGENCY**

1. How do we engage our partners in these discussions?
  - a. Share emergency plans with courts, hospitals, contractors, community partners, local emergency management staff
    - I. In particular have conversations with judges
    - II. Appendix \_\_\_\_\_ (to be created) is a checklist of questions to discuss with courts
  - b. Link to local emergency management officials through contacts with local FSD county managers, as they have established relationships
  - c. Communicate with contractors about these expectations and how they compare with their own emergency plans.

**IV. LOGISTICS**

- A. A current list of cell phone numbers for all Regional Directors, Field Support Managers, Program Managers and Central Office Management Staff should be available at the hotline at all times.

## **Annex B -- Family-Centered Out-of-Home Care CD Emergency Operations Plan**

**LEAD STAFF:**      **Out-of-home Care Staff**

**SUPPORT STAFF:** **All CD Staff**

### **I. PURPOSE**

The purpose of this annex is to address the needs of children in out-of-home care (those in legal status 1-4, as well as youth in LS-8) and resource providers in emergency and disaster situations.

### **II. SITUATION AND ASSUMPTIONS**

#### **A. SITUATION**

- 1...The State of Missouri is susceptible to emergency events, as outlined in the risk analysis of this plan, so an emergency will occur, requiring use of this plan.
2. Staff will be personally impacted, to a greater or lesser extent, depending on the emergency situation and other staff members will need to fill critical roles.
3. Direction will come through the regular chain of command – including executive staff in Central Office, regional directors and field support managers.

#### **B. ASSUMPTIONS**

1. For the purposes of this annex, the term “resource provider” refers to: foster, relative, kinship, respite, and residential providers and pre-adoptive placements, including those placed for adoption, but not yet finalized.
2. Resource families in crisis might feel the need to discontinue fostering, at least temporarily, resulting in the need to move children to other homes.
3. Resource families, when they become licensed, sign a contract stating they understand their responsibility to exercise sound judgment for the children in their care, and to protect and nurture them. As we entrust them with the care of children in the state’s custody, we provide ongoing training opportunities to them and monitor the care the children receive. This combination of trust and oversight must continue in the event of an emergency or disaster.

4. For the purposes of this annex, a “short-term stay” is defined as less than 14 calendar days, a “moderate-term stay” is defined 15- 28 calendar days, and a long-term stay is any stay longer than 28 days.
5. Especially in more widespread or long-term disasters, it is likely that children may be displaced from their biological and/or resource families, creating an intake surge.
6. In a widespread disaster, CD staff must follow established state and local directives regarding the disaster – curfews, restricted areas, marshal law.
7. PBC contracted staff will, at a minimum, follow the same policies and procedures as the CD staff.

### **III. CONCEPT OF OPERATIONS**

#### **A. PREPAREDNESS CONCEPTS**

1. Prior to the occurrence of any emergency, Children’s Division staff are tasked with assisting resource families, young people in independent living sites, and residential facilities in creating emergency plans designed to mitigate the impact on children in the division’s custody from all types of disasters and emergencies.
2. At initial licensure, an informational packet will be distributed to foster parents, which will include *Ready in 3* information, including the family plan checklist.
3. The information will be reviewed at a minimum of annually at a quarterly visit with their licensure worker.
4. The CD Emergency Management Command Team is exploring the possibilities for offering ongoing in-service training to foster families.
5. Staff will offer to assist in preparing emergency plans tailored to the needs of the individual, family or facility.
6. Central Office and the Command Team can assist with pre-identifying the ways resources can be re-allocated to provide assistance to affected offices. This will ease the stress of workers in the affected area, who may also be personally affected by the disaster or emergency.

#### **B. RESPONSE CONCEPTS**

1. Locate each foster child and assure safety of the child
  - a. Staff should consider it a top priority to contact and assess the well-being of the children in their caseload.

- b. Each circuit plan should contain details of how safety and well-being checks of children in out-of-home placements and resource providers will be accomplished.
  - c. Supervisors should have a plan in place to receive information from workers and to serve as their back-ups in contacting children in out-of-home placement if workers are unable, for any reason, to complete this critical task. This information will be reported to Central Office on the Situation Report form – CD-98 (Form link here).
  - d. During the time that well-being checks are being made, resource providers and Children's Division staff should be looking for back-up situations to ensure a seamless transition for children and/or families in crisis.
  - e. The Residential Program Unit will serve as point of contact for information regarding children in residential placements. RPU will forward information regarding the status of the facility and the residents to designees at Central Office, who can provide that information to regional staff and members of the CD Emergency Command Team. Information can then be forwarded to case managers at the local level.
  - f. Local staff may want to check on individual children in their caseloads and may need to assist RPU staff with checking on RPU facilities, as it may require in-person visits to the facilities, if phone contact cannot be made. At Level II or III, individual staff will be discouraged from making calls to the facilities, allowing for emergency communication to take place. At Level III, well-being checks will be made with whatever means are available – phone, in-person – and may require the assistance of other agencies like law enforcement or the National Guard, if they are deployed into that mission. This activity will need to be coordinated with search and rescue efforts, if they are occurring, through the local EOC.
2. Respond to medical needs of the children in out-of-home care
    - a. The well-being of medically fragile children should be assured first, to determine if specialized care is needed or if there are unmet medical needs.
      - I. It is the division's practice to involve a Family Support Team, including biological parents, in decisions regarding medical care. While this is preferable and should be accomplished if at all possible, it may not be possible in a widespread disaster.
      - II. If medical decisions must be made quickly, staff should make every effort to involve the juvenile or family court in the decision. If this, too, proves impossible, staff should make decisions in consultation with others, based on

- information at hand, and should document how the decisions were made.
- III. In decisions of a life-or-death nature, staff should make every effort to coordinate with courts and the department's Division of Legal Services.
- b. While we encourage all resource families to have complete emergency kits, including medications and other supplies, there may be a need to replace these items when an emergency occurs.
- I. In a time of a disaster, assistance in replacing medications, medical equipment and other medical needs is available. Staff should coordinate assistance through the chain of command, as Central Office can help access assistance from other agencies, like MoHealthNet, in this situation.
3. Respond to all other needs of children in out-of-home placement
- a. During times of disaster, emergency medical, psychological, counseling and other services are made available in communities by state and federal agencies – the State and Federal Emergency Management Agencies, the Department of Health and Senior Services, the Department of Mental Health, for example -- as well as voluntary relief organizations, like the American Red Cross and the Salvation Army. Staff who need assistance in accessing these services for the children in their caseloads, should follow their chain of command to Central Office.
  - b. Children may also be concerned about their birth families. If staff have any information about the birth families, it should be shared to reassure the children, if possible. (Accessing information about birth parents is a lower priority activity that is likely to be necessary only in long-term disasters at Levels II and III, and should occur only after safety and well-being of children as been assured.)
  - c. When assisting resource families and children, staff should bear in mind, and assist families in accessing, the supplies that will be arriving in the community to assist all families. Responding organizations, like the Red Cross and Salvation Army, will be on-site in declared disasters providing food and water, and can also be a resource for items like personal hygiene kits, diapers and formula, and other basic family needs.
  - d. If a child must experience a move because the resource provider is in crisis, standard procedures apply to locating an emergency placement first, then, following typical agency protocols, staff will look for relative and kinship placements as longer-term options.
  - e. Central Office will coordinate resources in other areas, if no placement options are available locally, and can also make arrangements for transporting children to the other area.

4. Locate each resource family, even if they have relocated
  - a. Working with out-of-home placement workers, each worker should immediately contact their resource families to assess their safety and well-being, as well as their plans for sheltering in place or relocating, etc.
  - b. Emergency plans for each office should include information from resource families about how to reach them in a disaster, as well as information about where they might go if the need to relocate arises.
  - c. Staff should determine as much detail as possible about those with whom they will be staying, contact information for the new location, etc.
  - d. Resource families have been instructed to notify their workers if they move (and this occurs as a matter of course), including relocations during an emergency. This protocol helps to ensure the safety of foster children and may, in fact, alert workers that a resource family is seriously impacted if they fail to report in.
  - e. The need to reach resource families for possible emergency placements will make the need to locate them even more acute.
  - f. Agency standards on the number of placements per family may need to be relaxed, temporarily, during a disaster to avoid having to place children in an emergency shelter.
  - g. Staff who are experiencing a great need for emergency placements should consult with Central Office, through their chain of command, for approval to exceed the number of placements.
5. Determine if the resource family needs assistance
  - a. Consider any needs the family might have, including:
    - I. Has the family experienced the loss of a family member?
    - II. Has the family experienced the loss of their home or goods?
    - III. Is there a need for respite care while recovering from these losses?
    - IV. Is there need for medical or psychological treatment for stress relief, grief counseling, post-traumatic stress disorder or other conditions?
    - V. Is there a need for assistance with escalating behaviors in children who have experienced the trauma of a disaster?
  - b. Although this activity will be secondary to immediate assurance of the safety and well-being of children and families, it is a high-priority activity. Staff can begin to assess these needs during the preliminary well-being checks and should continue to check in during the life of a long-term disaster or emergency.
6. Assure safety of children in independent living situations

- a. Many of the young people living in independent living situations, such as scattered site apartments and transitional living group homes, are case managed by contracted providers.
  - b. Older Youth Transition Specialists, or their designees, are required to make contact with these youth, as well as those receiving aftercare services under Chafee, in the event of a disaster.
  - c. The OYTS in the affected location will then notify other OYTS regarding status of the youth.
  - d. Staff (CD case managers or services workers, their designees or PBC staff) will also make contact with any young people living independently while in the division's custody, including those in Independent Living Arrangements, Transitional Living Advocate placements and those attending college.
  - e. Group homes will be checked by RPU staff.
  - f. Staff should report the status of the young people to identified individuals in Central Office, as well as their regional staff. This information will also be forwarded to Command Team members.
7. Assure safety and assist with needs of children in residential placements
- a. Residential Program Unit staff, like children's services workers, will make it a top priority to check on the facilities in their areas.
  - b. In addition to checking on the well-being of the children in the facilities, they will ask if any assistance is needed, help the facility to access any services, and help with assessing and providing for the needs of the individual children.
  - c. RPU will forward information regarding the status of the facility and the residents to designees at Central Office.
  - d. Central Office will, in turn, forward the information to regional staff and members of the CD Emergency Command Team for distribution to staff with children in residential placements.
  - e. In small-scale disasters, this will not preclude staff from calling to check on the individual children in their caseloads. However, in larger-scale situations, staff will be discouraged (via a note from Central Office) from calling the facilities to check on individual children, freeing up communications into and out of the facilities.
  - f. Certain types of disasters may require in-person visits to the facilities, if phone contact cannot be made. Because the RPU staff is small, local offices may be asked to assist in making these visits.
  - g. If CD staff is unable to access a facility, assistance can be requested from local law enforcement, National Guard or others who are assigned the larger emergency management task of well-being checks. These efforts will be coordinated by local emergency managers and the state EOC.
  - h. Requests for this type of assistance can be made by contacting Central Office, which will notify the DSS representative at the

State Emergency Operations Center, or by contacting the local emergency manager or law enforcement.

8. Assure safety of children in out-of-home placements in new locations, should relocation occur
  - a. Decisions regarding relocation of children will need to be made on a case-by-case basis, given the circumstances that exist at the time of the emergency or disaster.
  - b. Each circuit must work with their local court and juvenile office to establish plans for assuring safety of children for a short-term stay with their resource provider in a new setting. During a local event, CD staff will be available to assess the safety of the children in their new setting, requesting assistance from staff in another location, if necessary.
  - c. An event that is more widespread and/or longer in duration may require that the children have a moderate-term stay in another location.
  - d. CD staff should do a basic home assessment (complete all applicable sections of the CS-45 – Resource Home and Safety Checklist) and also complete checks of all household members age 17 and older through the Family Care Safety Registry as soon as possible and absolutely no later than the 14<sup>th</sup> day after the children take residence in the new location.
  - e. It is possible that resource families might choose to stay with relatives in another state. For stays longer than 28 days that occur in another state, Interstate Compact for the Protection of Children (ICPC) protocols should begin to be processed.
  - f. The Command Team would like to explore with DLS, OSCA and the courts the standardization of language in court orders to deal with situations where children will be temporarily relocated in disaster or emergency situations.
9. Prepare for an intake surge from displaced children
  - a. Intake surge may need to be managed by using resources, at least temporarily, that move children farther from their homes.
    - I. This option, along with that of exceeding maximum capacity in a given resource home (discussed earlier) should be used after carefully weighing all options available.
    - II. There must also be continued planning to assure that this is a temporary situation and that licensing rules are met and best possible placement options acquired as quickly as possible.
  - b. Keep in mind that children, especially very young children, who are displaced from an out-of-home placement may not know or be

able to share with emergency responders the name or address of their resource provider.

- I. When children initially come into care, every attempt should be made to obtain the child's basic information – name, date of birth and, ideally, DCN – to be stored for accessibility in a disaster or emergency. Each circuit should consider how they would collect and store this basic information on all children in a format that would be accessible during an emergency or disaster.
  - II. Every effort should be made to include a photo of each foster child. Whenever possible, a photo of the child with their current resource family would be ideal.
  - III. Child identification safety kits are available from many law enforcement agencies and local child advocacy agencies, like local Safe Kids Coalitions. These kits include identifying information, including a fingerprint from the child.
  - IV. Circuit staff should explore the possibility of completing these identification kits on their children in out-of-home placement and allowing the kits to move with the children as they go to different placements or return home.
- c. In a disaster occurring during the school day, the presumption is that schools will act as shelters for children until family members are located and can retrieve the children. (This has proved to be true in past disasters in Missouri.) If family members cannot be located, we expect the schools may call us for assistance.
- I. If sufficient time passes that requires that temporary protective custody should be taken, CD staff will contact local law enforcement to take protective custody, as is the usual practice.
  - II. However, in the event of a disaster, law enforcement assets may be dedicated to emergency tasks only, although school resource officers might be able to help.
  - III. If they are unable to assist, CD staff will contact local court officials for input.
  - IV. In these situations, the first priority will be to locate a safe and secure placement for the children, therefore emergency placement options will be explored first. Then, following typical agency protocols, staff will look for relative and kinship placement for the children (which will further help to ease the children's trauma) and then explore other long-term placement options.
- d. CD staff can make themselves available as a resource for interviewing children. Skilled at putting children at ease during stressful situations, they may be able to help elicit information

- from children about who they are and get their help in identifying placement resources.
- e. Some displaced children will experience the trauma of seeing parents killed or injured. CD staff can help make referrals to mental health services and help to identify specific needs. Keeping in mind that staff will be coming from other places, Central Office or a designee will need to identify locations and services in or near the affected area that can accommodate the surge.
- f. Staff should also consider the possibility that a disaster or emergency may result displaced children who are left alone by the injury or fatality of their parents.
- I. Regular hotline protocols apply different standards to children reported as left alone, depending on their ages. While older children are generally safe if left alone for a longer period of time, younger children should only be unsupervised for a brief amount of time.
- II. CD staff should apply these same standards while also taking into account the particular circumstances created by the disaster itself – e.g., is the child's home habitable; are utilities available in that neighborhood; is the area at risk of fire from downed power lines, etc.
- g. If staff have trouble getting to children in affected areas, they should seek assistance from law enforcement or other organizations, like the National Guard, that might be assigned to the task of making well-being checks on residents.
- h. In a disaster that results in mass evacuations, it is likely that attempts at reunifying families will have to occur at Reception Centers along the evacuation route(s).
- I. CD staff can make themselves, and their skills, available at Reception Centers.
10. Assure payments are made to resource families for caring for children
- a. Efforts should be made to encourage resource families to sign up for direct deposit.
- I. This will ensure automatic deposit of funds when it is not possible for checks to be mailed. (Note that this is mandated for state employee paychecks.)
- II. The convenience and safety of direct deposit will be even more beneficial in higher-level disasters, as payment processing and mailing services will be less likely to be available.
- b. For those providers who do not take advantage of direct deposit, processes are in place for reporting lost checks and activating replacement checks.

- I. In addition, local communities place a priority on restoration of services like mail delivery as a part of immediate recovery efforts.
  - c. CD staff who are aware of potential financial impact to families affected by a disaster should make every effort to assist the family with recovery of these funds.
11. Respond to requests for information/status of children from birth parents
  - a. Anticipate calls from birth parents, asking the status and location of their children.
    - I. Reassure them regarding their children's welfare and share, to the extent appropriate, the whereabouts of their children, if relocation has occurred.
    - II. In a widespread or lengthy disaster, this will be more difficult and should, again, be prioritized behind assuring that health, safety and well-being of children have been addressed.
    - III. However, staff should bear in mind that we have a responsibility to birth parents to keep their children safe and to provide them with assurance that we are meeting that mandate.
12. Assure the confidentiality of foster children, to the greatest degree possible during the emergency or disaster
  - a. Staff and resource providers are to remember that part of ensuring the safety of foster children is ensuring their confidentiality and their right to privacy under the Health Insurance Portability and Accountability Act (HIPAA).
  - b. This also includes safeguarding them from media exposure, to the greatest extent possible.
  - c. The unexpected occurrences and chaotic nature of a disaster or emergency might result in children being unintentionally placed at risk from offenders, or the possibility of a parent abduction. It is critical that confidentiality remain at the highest level possible to safeguard children.
13. Consider congregate sheltering as a last resort for children in the state's custody
  - a. Congregate sheltering provides a critical service to families displaced from their homes by disasters or emergencies. However, its nature allows for little privacy, structure or stability and proves to be difficult for many people. For children in the division's custody who have experienced past trauma or who have special medical or psychological needs, it provides the least desirable

housing option. For this reason, the division encourages disaster planning for individuals, families and facilities.

- I. However, should it be necessary, as a last resort, to shelter children in the division's custody in general-population emergency shelters, it will be critical that the children be well-supervised by agency staff or a designee, resource families, contractors.
  - II. Children's Division may be looking to other department personnel for assistance with this situation.
  - III. General population sheltering should be considered a very temporary situation, to be used until additional resources can arrive.
  - IV. In some situations, shelters are able to offer some segregation options to families and those with special needs. Shelter managers can assist families and staff with making accommodations.
  - V. CD staff should work with local emergency management officials to determine which shelters would be the best options in the event that congregate sheltering is necessary.
- b. In planning for large-scale disasters, individual circuits should consider, as a last resort, the possibility of establishing temporary shelters strictly to house children in our custody.
- I. Such plans should include the ways we would be able to partner with residential agencies to use existing empty beds, or with other local resources – including shelter experts like the Red Cross and the Salvation Army, as well as FSD staff – to assure the children's needs are met in the shelter.

## Supervisory Consultation From

Worker Name:

Month:



**Worker Visit with Child Tracking Tool**

<b>Demographic Information</b>											
Child Name	Service County or Contractor Code										
DCN											
Reviewer Name	Date of Review										

- 1) -Enter **yes** if a worker (must be responsible for case of the child) visited the child face to face during the month indicated.  
     -Enter **no** if a worker did not visit the child face to face during the month indicated.  
     -Leave **blank** if child was not in care the full calendar month.
- 2) -Enter **yes** if visit took place in the placement provider home, facility, or other temporary placement such as hospital.

	10/07	11/07	12/07	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08
1) Worker Visit w/Child												
2) Visit in Placement?												

Notes: \_\_\_\_\_

**Worker Visit with Child Tracking Tool**

<b>Demographic Information</b>											
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- 1) -Enter **yes** if a worker (must be responsible for case of the child) visited the child face to face during the month indicated.  
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	10/07	11/07	12/07	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08
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1) Worker Visit w/Child												
2) Visit in Placement?												

Notes: \_\_\_\_\_

# State of Missouri

*Recommendations for Practice Improvement:  
Recruitment and Retention and Placement Stability  
Committees*

## October 2007

Complete working document is available upon request at ASKCD@dss.mo.gov



**Missouri's Community Partnerships**

**Reporting on Results**

**2008**

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Co-Chair  
President & CEO  
Heartland Health

**Ron. J. Levy**  
Co-Chair  
Director Designee  
Dept. of Social Services

**Bert Berkley**  
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Tension Envelope Corporation

**Ann Covington**  
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MO Supreme Court (Ret)

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Missouri Hospital  
Association

**Robert Stein**  
Commissioner  
Dept. Of Higher Education



January 15, 2009

We are pleased to release our annual Result Report for 2008. This Report shares information from each one of Missouri's Community Partnerships. The twenty-one Community Partnerships work in their local communities to develop strategies that achieve better results for families and children around our State.

The pages that follow represent a small sample of the strategies that are utilized by our Community Partnerships to improve the lives of Missouri's children and families.

For more information about the work of Missouri's Community Partnerships and to view other community reports, please visit our web site at [www.mofact.org](http://www.mofact.org)

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- ❖ **Community Partnership of the Ozarks/Greene County**
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- ❖ **Washington County Community Partnership**

# Area Resources for Community and Human Resources (ARCHS)

**Established: 1995**



2007-2008 Funding



Other State & Federal	-43%
In Kind	-44%
Local Investment	-6%
Caring Communities	-7%

## FY08 Result Achievement: Parents Working

September 2008

### Community Profile:

ARCHS is the community partnership serving the Greater St. Louis Region. (2.7 million population).

ARCHS has an active 25 member board and 28 employees. This year, ARCHS managed more than 300 community partnerships valued at **\$23 million** (\$16 for every \$1 of state community partnership funding).

ARCHS is in the third year of implementing a lifelong learning (L3) community partnership model that focuses on:

- Pre-Kindergarten
- Grades K-12
- Adult Education
- Community Education

ARCHS' L3 model emphasizes education related programming. L3 creates a unifying structure for ARCHS to best fulfill its role as a state partnership and enhance its ability to positively address the six core results.

ARCHS manages its partnerships through a formal business model called SOFA:

- Social Responsibility
- Objective Evaluation
- Financial Soundness
- Accountable Results

ARCHS' partnership database monitors the progress of its partnerships with a focus on financial & program results (leveraged dollars, people served, etc.) This allows the data to be used to make any necessary adjustments to ARCHS' Federal, state, local and private partnerships to assure optimal success.

### Major Collaborative Accomplishment:

ARCHS was awarded a \$1.9 million U.S. Department of Labor grant in 2007 to serve ex-offenders. ARCHS' Reentry Community Partnership focuses on job training and placement for ex-offenders returning to St. Louis.

Highlights: (October 2007-September 2008):

- # Served – 640 (surpassing goal of 488)
- # Graduated from Trainings -200
- # Continuing School -10
- # Placed in Jobs -350
- # \$ value of jobs (combined annual salaries of those placed) \$5.6 million
- # of Employers -126
- Leveraged/In Kind \$ - \$7 million

ARCHS is a partner of the Missouri Reentry Process (MRP), created in 2005 by the Missouri Department of Corrections. Early recidivism results of MRP are encouraging, with a 12-month rate of 24% compared to 35% for those who did not participate in the MRP. ARCHS' Reentry has achieved a 6-month recidivism rate of 5.3%.

In November 2008, ARCHS will again co-sponsor with the MO Dept. of Corrections, the MO Dept. of Social Services and The Family and Community Trust (FACT) the annual Missouri Reentry Conference.

By sharing replicable models and best practices, the conference promotes effective reentry back into the community, family and workforce.

#### **ARCHS' Reentry Model:**

ARCHS' Reentry Community Partnership focuses on helping former prisoners with job skill development, job placement, job retention and increased earnings resulting in the reduction of recidivism rates (returning to prison).

ARCHS uses case management, mentoring, job training, job placement and apprenticeship programs to support ex-offenders.

ARCHS focused industry tracks parallel projected job growth reports for the St. Louis region and industries targeted by President Bush's High-Growth Jobs Initiative (construction, automotive, advanced manufacturing, hospitality, and information technology).

ARCHS builds partnerships with the justice system, community groups, faith-based organizations and businesses. Through ARCHS, participants benefit from resources focusing on employment, education, substance abuse, housing, mental illness, transportation, family/social support and attitudes/cognitive skills.

#### **Need For Reentry in Greater St. Louis:**

The City of St. Louis is home to more than 22,500 ex-offenders who have returned from state and federal prisons. They are coming back to the same challenges faced prior to incarceration, including poverty, high unemployment, and crime.

Prisoners engaged in the re-entry process return to a community where the crime rate is three times greater for the City of St. Louis (13,929 crimes per 100,000 residents) than for Missouri (4,415 crimes per 100,000 residents) (Missouri Department of Public Safety, 2004). St. Louis County crime rates fell below the state rate at 3,220 crimes per 100,000 residents.

#### **ARCHS' Reentry Partners:**

- U.S Department of Labor
- Dr. Brenda Buckley
- Computer Village
- Daruby School
- Employment Connection
- The Family and Community Trust (FACT)
- Fathers' Support Center
- Greenville Federal Prison
- Dr. Ladonna Finch
- Leavenworth Federal Prison
- Marion Federal Prison
- Manufacturing Training Alliance
- MERS Missouri Goodwill
- Mission Gate Christian Ministry
- Missouri Dept. of Corrections
- Missouri Dept. of Social Services
- Missouri Eastern Correctional Center
- Missouri Probation & Parole
- MOKAN Construction Prep Center
- Nova Source
- RANKEN Technical School
- St. Louis Community College
- St. Francis Xavier "College" Church
- Tipton Correctional Center
- U.S. Probation of Eastern Missouri
- Vandalia Correctional Facility

#### **ARCHS' Reentry Training Programs:**

- Automotive
- Carpentry
- Computers
- Construction
- Culinary Arts & Catering
- Customer Service
- Certified Nursing Assistant
- Electric
- Manufacturing
- Masonry
- Plumbing
- Soft Skills (Resumes, Interviewing etc )
- Welding

# Boone County Community Partnership

Established: 1995



## 2007-2008 Funding



Other State & Federal - 26%
In Kind - 32%
Local Investment - 8%
Caring Communities - 34%

## FY08 Result Achievement: Youth Ready for Productive Adulthood

September 2008

### Community Profile:

Boone County Community Partnership (BCCP) is located in central Columbia, where we are gaining a reputation as a community change agent. The cities of Ashland, Centralia, Columbia, Hallsville and Sturgeon make up our great Boone County with a population of just over 152,000. BCCP is governed by a 12 member board and has 13 staff members. Our Board and staff representing the diversity of Boone County enhance our effectiveness in making a difference in our likewise diverse community. Our mission is to: *foster actions by people and organizations that make a positive difference in the individual and collective lives of people at greatest risk and need.*

### Current initiatives include:

- Transportation-developing a collaborative that will link residents to jobs and community services.
- Youth Empowerment-educational & mentor support for job and personal development.
- Missouri Reentry Process- linking ex-offenders and their families to resources and services.
- Early Childhood-services for parents and child care providers that support school readiness.
- Communities Empowering Youth – Building the capacity of organizations serving at risk youth.

### Major Collaborative Accomplishment:

In response to increasing local crime especially by youthful offenders, numerous public forums were held during the spring of 2004 to determine a strategy to achieve positive results. An immediate strategy implemented by the Boone County Community Partnership within 10 days was to coordinate a Youth Summer Opportunity Fair to present summer recreation, education and employment resources. Over 300 youth ages 13 – 28 attended. The event was repeated in 2005 and called the Mayor's Youth Opportunity Fair. While these events were being implemented, a long term strategy addressing the *greatest at-risk youth* in the community was developed with partners such as elected officials, youth serving organizations, community faith leaders, Columbia Housing Authority and not for profits.

### Youth Empowerment initiatives include:

Non Profit Incubator - BCCP and community partners designed a pilot project to address the unique issues of these *greatest at risk youth*. BCCP's contribution included the salaries for two temporary summer positions. These would be filled by community leaders with whom *highly* at risk youth would identify and respect. A unique aspect of this project would be its ability to holistically address *all* issues, both at home and in the community that were individual barriers to successful adulthood. The continuance of education and securing meaningful employment leading to successful careers were strategically addressed.

Due to the first summer successes, this project immediately evolved into a year round program. Project leaders, community partners and BCCP determined that this program should develop further. A business plan to create an independent 501(c) 3 was developed during the spring and summer of 2005. Federal funding was secured to provide capacity building for the project.

In January 2007, the Youth Empowerment Zone (YEZ) officially became its own independent not for profit. BCCP has continued to provide technical assistance, and secured additional funding for YEZ to further its development. Now financially independent of BCCP, YEZ moved into their own facility on June 30, 2008.

### YEZ Partners have included (partial listing)

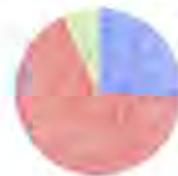
Job Point, Missouri Division of Youth Services, Missouri Department of Corrections, Probation & Parole, Big Brothers & Big Sisters of Central Missouri, Division of Workforce Development, Community Youth Coalition, Columbia Public Schools, Central Missouri Community Action, Bread Basket, First Chance for Children, Hollywood Theatre, The Bluffs, Inter Act Teen to Teen Theater, MFA Oil, McDonalds, Southampton Nursing, Super Wal-Mart, City of Columbia, Phone Smart, Target, Woodhaven, Taco Bell, Hardee's, Cracker Barrel, Express Fashions, Applebee's, Hobby Lobby, Miller's Professional Imaging, Toys 'R' Us, All Stars Cuts, Backyard Burger, Quaker Oats, Frito Lays and numerous individual community employers.

# Butler County Community Resource Council

**Established: 1997**



2007-2008 Funding



Other State & Federal -26%

In Kind - 68%

Caring Communities - 7%

## FY08 Result Achievement:

### Establishment of Missouri Reentry Opportunity Center in District 25

September 2008

#### Community Profile:

The Butler County Community Resource Council is located in Poplar Bluff and serves Butler County. Butler County has a population of 40,867 and is located in Southeast Missouri. Our residents are primarily Caucasian (92.2%) with African Americans comprising a significant minority of 5.2% of the population. Poplar Bluff, population 16,651, is the principle city and is the center of commerce, services, and industry for Butler County. 22,899 citizens reside outside of any municipality. The balance of the population resides in the three small communities of Neelyville, Quin, and Fisk. The average median household income is \$27,228 with 18.6% of our population living in poverty. 29.4% of our adults are without high school diplomas or GED certificates.

The Butler County Community Resource Council was incorporated in 1992 as a not-for-profit corporation in the state of Missouri. Founded by a group of human service professionals, the corporation's purpose was to promote interagency collaboration. In 1997, the Butler County Community Resource Council entered into a partnership agreement with the state of Missouri and was designated the entity responsible for implementing the Caring Communities Initiative in Butler County.

Over 300 individuals participate in the activities of the Partnership representing over 100 local agencies. The Partnership is governed by an executive board of directors with four officers, six members at large and six members who serve as chairperson of committees that are responsible for each of the six core results of the Caring Communities initiative.

Presently, the Partnership has an executive director, community coordinator, and an office manager and is its own fiscal agent. The Partnership has two staff members who work with teen moms in the MO Mentoring Partnership's Teen Parent Mentoring Program. The MO Community Service Commission awarded the Partnership an AmeriCorps grant in 2004 which has grown from 13 Members to 43 Members in 2007. The AmeriCorps program's two staff members manage the program that focuses on educational enrichment in the three school districts in Butler County. Two staff members operate the Strategic Prevention Framework State Incentive Grant to impact underage and binge drinking. The Partnership also has a VISTA grant of five Members who serve in educational capacities.

#### Major Collaborative Accomplishment:

The District 25 Missouri Reentry Process Taskforce (MRP) has been working on the benchmark of unemployment rate with the offenders returning home from incarceration, in Butler County. The MRP Taskforce, along with collaborating partners established the Reentry Opportunity Center (ROC). The ROC serves as a grassroots initiative to reduce recidivism rates in Butler County. Every other month, agencies and offenders gather at the United Gospel Rescue Mission to attend the ROC. The ROC offers the opportunity for offenders to access services such as employment, mental and physical health needs, education and housing in one location.

September 13, 2007 marked the first monthly meeting of the ROC with fourteen agencies and fifty offenders participating. To date, there are currently eighteen agencies participating at each ROC and a total of 175 offenders have attended.

The mission of the Taskforce is to collaboratively put forth an effort to integrate local resources in a way that will help offenders' succeed in their reentry into the communities. Of the more than 30,000 felons incarcerated in Missouri's prisons, 97% will eventually be released and returned to a Missouri Community.

District 25 includes Butler, Carter, Ripley and Wayne Counties. In 2006, there was an average of 12.8 parole returns and unauthorized returns to prison per month in District 25. For year 2007, there was an average of 10.3 parole returns and unauthorized returns to prison per month in District 25. Unemployment and underemployment are the leading attributes of offenders returning to prison. Data shows that those who do not secure employment have a much higher chance of returning to prison upon being released than those who obtain employment.

**List of Partners:** Adult Education & Literacy, AO Employment, Butler County Community Resource Council, Family Counseling Center; Heartland Alternative Services Program, MERS Goodwill, MO Career Center; MO Family Support Division, MO Division of Probation & Parole, Parents Fair Share, SEMO Community Treatment Center, SMTS, Social Security Administration, South Central MO Action Agency, Three Rivers Community College, UMOS- National Farm Workers Jobs Program, United Gospel Rescue Mission, and Veterans Hospital.

# Community Caring Council – Cape Girardeau

**Established: 1995**



2007-2008 Funding



Other State & Federal	-49%
In Kind	-21%
Local Investment	-10%
Caring Communities	-20%

## FY08 Result Achievement: Children and Families Healthy – Primary Care Coalition

September 2008

### Community Profile:

The Community Caring Council is located at 937 Broadway in Cape Girardeau, MO. Most of our efforts are directed to residents residing in the county of Cape Girardeau (population 68,693), although some of our programs also serve the surrounding counties of Scott, Bollinger and Perry. Our Partnership is governed by a 13-member board. A majority vote among a quorum (9 or more) is required for board decisions. The Council consists of 12 full time staff and 2 part time staff: Executive Director, 2 Community Coordinators, Housing Coordinator and Case Manager, Community Case Manager, VISTA volunteer, MO Mentoring Partnership Director, 2.5 Parent Educators, Office Manager, .5 Oral Health Coordinator and Asset Coordinator.

The major strength of this Community Partnership is the diversity of focus in addressing our priority issues. The implementation of our Community Plan is ongoing, with annual updates and revisions, guided by the participation of over 200 community partners among 10 committees. Most of the groups meet at least bi-monthly and active participation has proved essential for achieving plan goals, objectives and strategies. Access to services is a focal point of each group, thus the creation of 7 community resource cards, 2 monthly calendars and educational opportunities to help empower individuals to seek resources when needed. Sustaining a broad base of community interest and focused participation is our greatest challenge, but also our greatest asset.

**Major Collaborative Accomplishment:** As one of our identified Priority Issue Councils, the Primary Care Coalition has chosen to focus on wellness and prevention. The Coalition submitted a MO Foundation for Health, Health in Non-Traditional Settings (HINTS) grant in May 2007 to coordinate and implement free Health Education/Screening events in the south Cape Girardeau neighborhood, a low income area. As the grant was submitted, the Coalition decided to move forward immediately, sharing the costs among the Coalition membership. A community Health Fair, held in October 2007 at Salvation Army, featured 17 providers and 50 participants. Monthly events began in November at the Cape Area Family Resource Center.

The HINTS grant was awarded in Dec 2007 for \$50,000 over the next 2 years. Our strategy implementation has continued with 1-3 health events monthly. We offer programs for adults and youth on a variety of health topics. Individuals who are found to be in need of treatment are referred appropriately. Transportation is provided if needed. Almost 350 residents have been served.

Topic	#	Provider	At Risk
Hearing Screen	12	SEMO University	3
Safe Toys	3	Parents Teachers	--
Assisted Living Devices	11	SADI	--
Dental Screening	21	Cross Trails	4
Glaucoma	26	MO Rehab Service	2
Diabetes	11	Cross Trails	2
MRSA	25	County Health	1
Nutrition	67	County Health	--
Sun/Bug Safety	49	County Health	1
Blood Press	31	SHOW	7
Bike Safety	41	SE Hs/Cape Police	--
Stroke Risk	17	SHOW	4
Cholesterol	34	SE Hospital	13

**List of Partners:** Cape Area Family Resource Center, Cape County Health Department, Cross Trails Medical Center, MO Family Support Division, Saint Francis Medical Center, SADI, Salvation Army, SHOW Mobile, SEMO State University and Southeast Missouri Hospital

# Community Partnership of the Ozarks

**Established: 1995**



2007-2008 Funding



Other State & Federal - 48%
In Kind - 33%
Local Investment - 12%
Caring Communities - 7%

## FY08 Result Achievement: Homeless Outreach and Education

September 2008

### Community Profile:

Community Partnership of the Ozarks is located in the City of Springfield, chosen for the third year in a row as one of the 100 Best Communities for Young People by America's Promise – The Alliance for Youth. Although the city's population currently stands at 151,823, its economic impact influences 27 counties and over 936,000 individuals. While the City of Springfield and Greene County serve as the geographic base of our service area, our programming efforts reach 20 other counties in Southwest Missouri.

Community Partnership is governed by a 29-member Board of Directors, which is comprised of representatives from local government, the faith and education community, local businesses, civic organizations, the media, and other non-profit organizations. We also have the Ozarks Fighting Back Board, which governs our alcohol, drug and tobacco prevention services, and a talented and committed staff of 37.

Future plans for our Partnership include continued focus on diversification of funding; promoting America's Five Promises; and continuing to build and expand our collaborative efforts to leverage additional resources for our community.

### Major Collaborative Accomplishment:

Unemployment, foreclosures and rising fuel costs resulting from a lasting economic downturn have forced many in our community to seek supportive services to survive and have pushed many more into homelessness.

The Partnership facilitates the local Continuum of Care, a U.S. Department of Housing and Urban Development (HUD) mandated network for locales receiving McKinney-Vento Act funding. Made up of shelter and housing stakeholders, businesses, government leaders and the homeless, this group worked to develop a 10 year plan to end homelessness in Greene, Christian and Webster Counties.

The foundation for the 10-year plan is a point-in-time census of the homeless population (both sheltered and unsheltered) in the tri-county area. Because of our reliable data collection methods, our Continuum was chosen to contribute data to HUD's Annual Housing Assessment Report (AHAR) to Congress.

Biannual count efforts of both the sheltered and unsheltered homeless have become a model for other communities across Missouri, including the Governor's Committee to End Homelessness and the Missouri Housing Development Commission, responsible for collecting the same information for 104 counties across the state. This year, Community Partnership staff and Missouri State University representatives have been invited to present our achievements at two conferences:

- International Association for Research: Service Learning and Community Engagement
- Missouri Association for Social Welfare: Economic Injustice--The Increasing Divide and Rising Economic Insecurities

**Homeless:** Increasing numbers of homeless are coming into the Springfield/Greene, Christian and Webster County areas for shelter and housing support. In 2006, the total sheltered count was 490 compared with this year's count of 688 - a 28% increase in services provided to individuals and families. For the *unsheltered* homeless, we are seeing increasing numbers due in part to the sophistication of the data collection method as well as decreasing availability of supported housing. As a member of the Governor's Committee to End Homelessness, our Continuum has contributed this and other data to the upcoming *State of Missouri's Homeless Report*.

Collaboration is at the heart of the Continuum's success. During the *2008 Winter and Summer Counts of Unsheltered Homeless*, the Continuum of Care raised over \$15,000 in goods and services for the coordination of this day long event and utilized the time of 75 community volunteers.

**Housing and Hope:** The City of Springfield has been a long-time partner in our efforts to address homelessness. Seeing a need to decentralize homeless services from an area recovering from blight, the City contributed \$200,000 to develop a new housing project that will create **14 units of supported housing** through Burrell Behavioral Health.

An additional outgrowth of these efforts to reach out to the homeless –both sheltered and unsheltered – has culminated in a new partnership with **Convoy of Hope**. In the spring of 2009, Community Partnership and other agencies will team up with Convoy to provide a one-stop resource center that will provide vital services specifically for the homeless on-site at Ozarks Technical Community College.

### **Collaborative Partners:**

Collaborative partners are indeed the most critical element of a successful Continuum of Care. This year key partners included:

City of Springfield

Convoy of Hope

National Alliance on Mental Illness

The Kitchen, Inc.

Burrell Behavioral Health

Missouri State University

Housing Authority of Springfield

Missouri Association for Social Welfare

Governor's Committee to End Homelessness

# The Community Partnership – Phelps County

**Established: 1999**



2007-2008 Funding



Other State & Federal	-36%
In Kind	-29%
Local Investment	-15%
Caring Communities	-7%
Grants	-14%

## FY08 Result Achievement:

### Parents Working – Barriers to Employment

September 2008

#### Community Profile:

The Community Partnership is nestled in the beautiful Ozarks Heritage Region of South-Central Missouri. Our main office is located at 1101 Hauck Drive in Rolla, Missouri. We have grown and changed over the years and now provide services in Crawford, Dent, Maries, Phelps, Pulaski and Texas Counties. This six county service area covers 4,424 square miles. The total population of the area is 158,930, or 36 persons per square mile (compared to 81.2 persons per square mile in Missouri). The Partnership also serves an additional fifteen counties through our Capable Kids and Families Program.

Poverty is a significant issue in rural Missouri with our region significantly higher than the state average in poverty rates, Medicaid use, births to mothers without a high school diploma, and births to young mothers. Additionally, the region has a higher number of individuals with less than a high school diploma.

The Partnership Board of Directors is comprised of 16 community leaders who work under the premise that those citizens who are affected by community issues need to be involved in the planning and implementation of services. We use other state, federal, foundation, and community dollars to strengthen existing services and coordinate the identification and development of new services and programs. The Partnership has been providing family strengthening services for more than ten years and has managed approximately one million dollar budgets for each of the last seven years, tripling its capacity since 1999. The Partnership spends at least 85% of its funds on programmatic costs.

The Partnership staff consists of 29 employees within six departments; Budget and Finance, Capable Kids & Families, Caring Communities, Community Relations and Development, Early Care & Education, and Youth Development.

#### Major Collaborative Accomplishment:

Temporary Assistance to Needy Families (TANF) is designed to help needy families achieve self-sufficiency. When individuals have sanctions placed on their TANF payments, due to non-compliance with work activity requirements, many barriers often keep sanctions in place. In August 2007 The Community Partnership developed the Community Work Support Program (CWS) to address these barriers.

CWS is a two-year pilot project with four critical components: assessment; community-based support and decision-making; financial supports; and documentation and replication. These components were deemed vital to the success of the project and for the opportunity to share "best practices".

Assessments are used to determine why a household is sanctioned; whether or not the family wishes to "cure" the sanction; and what barriers exist that keep the family from being compliant with work requirements. We have contacted more than 400 individuals to inform them of their eligibility in the program. To date, 70 people have completed assessments and are now participating in CWS services.

Like all Caring Communities initiatives, CWS is community-based; therefore a community advisory board was established in each county. The advisory boards act as an advocate and resource for families and also approve financial supports. The financial supports available to eligible clients help eliminate household barriers. Finally, documentation will provide an analysis of the project to help share "best practices" with others.

According to research, family health problems, domestic violence, substance abuse and alcohol problems, and multiple prior arrests are associated with higher rates of sanctions. Yet, transportation is one of the most frequently listed barriers to noncompliance. In a study of the 19 largest counties in California, 73% identified a lack of transportation as the most frequently cited reason sanctioned recipients gave for noncompliance with program requirements. In rural areas with limited or no access to public transportation, the issue of transportation is made even worse. **In our region 85% of family assistance has been for transportation related issues.**

### SUCCESS STORIES

#### TRANSPORTATION

**Making Opportunities for Transportation Ownership a Reality (MOTOR)** is an auto loan program, for CWS participants. Suitable candidates must demonstrate the ability to make car loan payments as part of a monthly budget; have demonstrated the need for an automobile to procure and maintain employment; and have been unable to obtain an auto loan through conventional means. Requirements also include attendance at a financial management and auto maintenance class.

Our first MOTOR closing was a true community participation event. Denny Ford, a local Ford dealership, sold the car for \$2,300, and donated an inspection, replacement of a ball joint, new filters, a tank of gas, and even a thorough cleaning. Mid-Missouri Credit Union made the two-year loan, including credit life coverage, at two percent (2%) interest. In addition to contributing the money to guarantee the loan, CWS paid for licensing and initial insurance expenses.

#### Multiple Barriers Overcome

One of the first CWS clients faced numerous barriers including transportation and childcare issues, medical problems, and substance abuse issues. The client was very open, particularly about the substance abuse issues and, with the assistance of the CWS project, participated successfully in a drug treatment program. CWS also helped her take the necessary steps to keep

her from incarceration and regain her driver's license. She is now actively participating in classes to obtain her GED, and the father of her child, who has overcome an addiction as well, is back in the picture and supporting the family.

To date 22 participants have had their TANF case closed or had their sanction lifted

#### List of Partners

Formal partners include DSS and DWD, additionally the following participate in the CWS program:

- Community residents
- Denny Ford
- Mid-Missouri Credit Union
- Phelps County Bank
- Ozark Community Action Agency
- Russell House
- Ministerial Alliance
- Texas Team
- Probation and Parole
- *Pathways*
- DHSS
- *Rolla Federal Credit Union*
- *Maries County Commission*
- *First Community National Bank*
- *Belle State Bank*
- *Vienna Chamber of Commerce*
- *Salem Treatment Center*
- *Dent County Commission*
- *Voc Rehab*
- *Genesis - Place of New Beginnings*
- *Lake Ozark Employment Service (Pulaski County)*
- *Texas County Food Pantry*
- Various churches and school administrators throughout project region

# Dunklin County Caring Council

**Established: 1998**



2007-2008 Funding



Other State & Federal	-19%
In Kind	-12%
Local Investment	-60%
Caring Communities	-9%

## FY08 Result Achievement: Decreasing Child Abuse and Neglect

September 2008

### Community Profile:

DCCC is located at 311 Kennett Street in Kennett, MO. The Community Partnership serves Dunklin County which has a population of 33,155. The county is nearly sixty miles long and covers an area of 540 square miles. Kennett is Dunklin County's largest town and county seat. Kennett is 100 miles north of Memphis and 200 miles south of St. Louis. Campbell, Cardwell, Clarkton, Holcomb, Hornersville, Malden and Senath are other towns.

The Dunklin County Partnership has an eight member Board of Directors, providing a diverse representation of the county. The Board of Directors is the governing body of the partnership. The executive officers consist of a Chair, Vice Chair, Secretary and Treasurer. The staff for the partnership is an Executive Director, Administrative Assistant/Secretary and a part-time Community Developer. The Educare program with two part-time coordinators is housed in the DCCC Center. The center also partners with Dunklin County Youth Services funded through Workforce Investment Board of SEMO and Babies Environmental Development (BED) funded through Children's Trust Fund. DCCC is a licensed Microsoft Office Specialist training and testing center. GED tutoring is also available on site. Other services available on site include Life and Social Skills Workshops, Professional Enhancement in the Workplace and Welcome to the World of Work, which includes budgeting and financing. DCCC offers office space to partners in the community. The rental of this space generates revenue for the partnership.

One major strength of Dunklin County Partnership is commitment to link and strengthen partnering throughout the community.

Board members and staff are hard working and committed to making this Partnership a success. We envision a community of strong families where individuals may become self-reliant, responsible and resourceful citizens.

### Major Collaborative Accomplishment:

Dunklin County Caring Council in partnership with Children's Trust Fund implemented the Babies Environmental Development (BED) program. The program targets young families who have been determined to be at-risk for abusive or neglectful behavior or have circumstances that present challenges to positive parenting behaviors and optimal child development.

Stories of abuse and neglect are plentiful in the Bootheel. Child Abuse and neglect is not only devastating to the children and families but to the community as a whole. Dunklin County Caring Council leverages existing resources and fosters collaboration among agencies to impact issues known to be related to child abuse and neglect.

Dunklin County residents struggle with poverty, unemployment, a lack of viable economic opportunities and inadequate support services and resources. More than one out of every three children live in poverty. Declining economic opportunities are determining family structures and dynamics that once served as protective factors.

**Results:**

The BED project served 207 children (17 & under) and 160 parents/expectant parents in fiscal years 2007 and 2008. Safe cribs have been distributed to 87 parents.

Missouri Department of Health ranks Dunklin County as the county with the 9<sup>th</sup> highest rate of child abuse/neglect. According to KIDS COUNT 2007 data book, Dunklin County probable cause child abuse and neglect cases decreased from 60.3 percent in 2002 to 59.0 percent in the year 2006.

**List of Partners:**

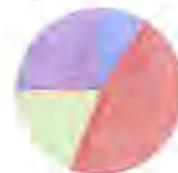
Area Businesses  
Bootheel Regional Consortium  
Bootheel Regional Human Needs Center  
Children's Trust Fund  
Delta Area Economic Opportunity Corp.  
(DAEOC)  
Department of Social Services  
Department of Social Services, Children's  
Division  
Department of Workforce Development  
Dunklin County Health Department  
Dunklin County Youth Services  
First Presbyterian Church  
Kennett Chamber of Commerce  
Migrant Whole Health Outreach  
Ministerial Alliance  
Missouri Re-Entry Process  
SEMO Health Network  
Seven Schools in Dunklin County  
The Center for Family Resources  
WIC

# Families and Communities Together

**Established: 1996**



2007-2008 Funding



Other State & Federal	-9%
In Kind	-47%
Local Investment	-19%
Caring Communities	-25%

## FY08 Result Achievement: Community Engagement – Hope for Healing Educational Event

September 2008

### Community Profile:

The Marion County F.A.C.T. office is located in historic Hannibal, Missouri in the northeast corner of the state. Currently F.A.C.T. serves Marion County which includes Hannibal, Palmyra and Monroe City, Ralls County and Lewis County.

Marion County F.A.C.T. has a nine member Board of Directors. There is an Advisory Council made up of sixteen representatives from community partners such as Marion County Health Department, University Extension, Douglass Community Services, Family Resource Center, Juvenile Office, Hannibal Chamber of Commerce, Christian Women's Job Corp., Department of Social Services - Children's Division and local law enforcement. F.A.C.T. has a staff of three, one full time Director, one full time Administrative Assistant/Office Manager and one full time Mentor Coordinator.

The vision of Marion County F.A.C.T. is to build, nurture and strengthen families and strive to ensure that every child has the opportunity to become a healthy, responsible, productive and contributing member of the community. The organization builds upon existing private and public resources in order to develop, plan and implement a comprehensive pro-family strategy that delivers services to children and families at the local level. F.A.C.T. facilitates and coordinates the development of alliances among various portions of the community of Marion, Ralls and Lewis Counties and strives to transform service delivery to children and families.

Challenges continue to be solicitation of grants, increased community participation and tracking of data. F.A.C.T.'s governing board remains committed to continuing and building upon the successes of the partnership and will continue to meet the challenges in order to provide a safe and nurturing community.

### Major Collaborative Accomplishment:

On April 17<sup>th</sup>, 2008 F.A.C.T. and many community partners held a community educational event featuring Marilyn Van Derbur, a former Miss America and incest survivor. This event was held in the Roland Fine Arts Center on the Hannibal LaGrange College Campus and was open to the public at no charge.

According to countless, local mental health professionals and national statistics, child sexual abuse is rampant.

One in three girls and one in five boys will be sexually violated before the age of eighteen. This staggering statistic was the driver behind the F.A.C.T. Board of Directors taking an active role in the much needed education of our community. It was out of this need that the Hope For Healing Coalition was formed.

Funds for this event were raised through a variety of avenues. The group determined that a great deal of advertising would be needed to get the message out which drove the cost above and beyond the initial speaker fees. A local foundation granted funding and Missouri Kids First also contributed, but over half of the needed funds came from monetary contributions from churches and concerned individuals. Hannibal-LaGrange College gifted the venue and many others donated time and expertise. Over 3,500 bulletin inserts were created and distributed through many area churches. Hope For Healing members also made presentations to local civic groups, faith based social organizations, local cable programs and participated in radio interviews.

The Hope For Healing Educational Event was a wonderful success. Marilyn brought her message of hope to over 450 attendees. She, as she always does, stayed afterward and spoke with all who wanted to share. The Coalition worked to put together a resource guide with names and contact information for mental health professionals who have childhood sexual abuse expertise so that victims would have tools to further their healing.

Originally, the intent of the Hope For Healing Coalition was to simply host a community educational event featuring Marilyn Van Derbur, but as the group moved forward on the event, it became apparent that a single event would not meet the full scope of need. Members of HFH are now being trained in the Darkness to Light curriculum so that they may continue to educate our regional community in the prevention of childhood sexual abuse.

### List of Partners:

Hope For Healing is made up of representatives from AVENUES, The Child's Center, Probation & Parole, the faith community, Marion County F.A.C.T., Missouri Kids First, Mark Twain Area Counseling Center and local citizens with no "agency" affiliation.

# Jefferson County Community Partnership

**Established: 1996**



2007-2008 Funding



Other State & Federal - 8%
In Kind - 75%
Local Investment - 3%
Caring Communities - 14%

**FY08 Result Achievement: Transportation Solutions Committee plans to launch first bus in newly developed public transportation system for county**

September 2008

## Community Profile:

Jefferson County Community Partnership is located near I-55 in Barnhart, Missouri. Our office is physically located on Marriott Lane across from the St. Joseph's Sports Fields, but JCCP strives to serve the entire county region with various programs, services and support. Jefferson County is made up of an estimated population of 220,507 citizens in 2007. It has a large geographical area of nearly 660 square miles, which are a mixture of both rural and suburban areas.

The Partnership serves the Jefferson County region specifically, but some of its efforts and services in fiscal year ending 2008 reached beyond Jefferson County into other areas: St. Genevieve Co., St. Louis Co., St. Louis City and Washington Co.

The Partnership board is comprised of 20 members with a broad representation from the community. It is the oversight for the Partnership and meets on a monthly basis to review and authorize JCCP's efforts. Staff at the Partnership includes seven full-time, two regular part-time, a full time AmeriCorps Vista volunteer and several intermittent part-time childcare employees. The four program/community coordinators and a part-time assistant work with a variety of issues. Jefferson County Community Partnership is fortunate to be able to utilize dedicated community volunteers in many of its programs. Their invaluable time and energy enhance our efforts in the community.

Looking ahead, the Partnership is planning to work closely with our many community partners in exploring the issues that surround early childhood and how they affect one of our greatest resources, the children of Jefferson County.

## Major Collaborative Accomplishment:

A community project being facilitated by the Partnership is the Transportation Solutions Committee (TSC). TSC is a group from the community that is comprised of non-profit agencies, public providers, and others who have, with the initial support of the Missouri Planning Council for Developmental Disabilities, taken ten months to research and plan out a transportation solution to the need for public transportation in Jefferson County. TSC is comprised of several members of a once active group Transportation Advisory Committee worked with county officials to review the problem some years earlier, but no solution was found. There prior studies, surveys, and suggestions were very helpful in the progress of TSC.

The transportation system resulting from the groups planning work is set to launch in 2009. Dependent upon collaboration from partners, municipalities, and county government, the future goal of the system is expected to link city buses to the larger countywide leg of the system. Plans to link the county's three major highways to the larger St. Louis Metro system are on the horizon, allowing greater accessibility to area services and destinations.

Funding for sustainability and growth is being sought through a variety of ways: local government contributions, fares, advertising, grants, local cash matches and in-kind donations.

## List of Partners:

Jeff. Co. Dev. Dis. Res. Board	Oats, Inc.
Missouri Planning Council	Local Newspapers
Jeff. County Transit	Jefferson College
St. Louis Regional Center	Metro Business College
Disability Resource Association	Mapaville State School
Jefferson County Online Network	Huskey Bus Service
Jefferson Memorial Hospital	Ace Medical Service
Bear Transportation	Jeff. Co. Health Dept.
Jefferson County Commissioners	Local Municipalities
Mid-East Area Agency on Aging	COMTREA
MO Dept. of Transportation	And many more.....

# Local Investment Commission

Established: 1995



**FY08 Result Achievement: Children Safe in their Families and Families Safe in their Communities; Youth Prepared to Enter Productive Adulthood**

September 2008

## Community Profile:

LINC is the state community partner for a three-county area on the Missouri side of metropolitan Kansas City. The counties are Jackson, Clay and Platte, with a combined population of 945,000 (2006 population estimate).

LINC's efforts are directed by an active, diverse and engaged 36-member citizen commission. The work focuses both on citizen engagement and involvement through school or neighborhood-based Caring Communities sites, and on broad system reform efforts that improve the effectiveness and efficiency of supportive services for low-income children and families.

## Major Collaborative Accomplishment:

LINC participates in a community-based child welfare system addressing prevention, protection, and youth moving towards independence.

The welfare of children is the responsibility of the entire community and should not be shouldered by a state agency alone.

LINC has developed partnerships within the community providing supports to children and families in need.

**Independent Living:** Responding to community concerns about the outcomes for foster youth who "age out" of the foster care system, LINC entered into a partnership with the Division of Children's Services in June 2007.

LINC manages the Independent Living Initiative which offers resources and training to youth transitioning to independent adulthood from foster care. LINC is working with youth from Jackson, Clay, and Platte counties.

To be eligible for services youth must be:

- Likely to remain in foster care until age 18;
- Between the ages of 14 and 21;
- Former foster youth who have left foster care at age 17.5 or after, but have not reached age 21.

LINC offers foster youth access to existing strong connections and resources located within their communities.

Between 7/1/2007 and 6/30/2008, LINC served 165 youth.

Number of Youth Served by Month between 7/1/2007 and 6/30/2008



Individualized services focus on academic achievement, job readiness, community services and supports, youth leadership, and independent living skills.

Survival Skills for Youth classes are available for the youth. This is a series of training and experiential activities designed to teach youth the life skills they need as they transition from foster care to the community.

Educational assistance includes help with graduation expenses, goal setting for higher education, and completing financial aid forms. Emergency funds used for auto repairs, utility assistance, food, and rent, are necessary short term solutions to help the young person succeed.

## Youth Served

Attending High School	Received High School Diploma	Completed Survival Skills for Youth Program
132	42	34
Enrolled in Post-Secondary Education	Receiving Scholarships or Vouchers	Employed
22	18	43

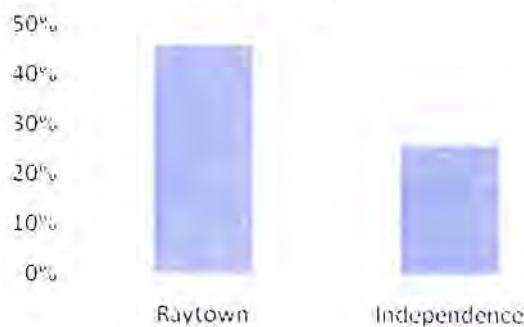
Young people gain the information and access to supportive services, form strong connections to the community they live in, and are better prepared to make their own critical decisions.

**Prevention:** LINC's Caring Communities located in 48 sites across seven school districts actively identify the needs of families and connect them to services available within their communities.

The Independence Child Welfare Initiative augments the local child welfare staff by enlisting school district social workers to engage with families who have been hot-lined, but have not been determined by preliminary assessment to merit state investigation.

Independence School district interventions appear to be significantly reducing the frequency that families receiving school-based services will subsequently have a later call that merits state child abuse and neglect investigations.

Percentage of Alpha Cases which Result in a Substantiated Child/Abuse and Neglect Report



**Intervention and Education:** LINC partners with the non-profit Midwest Foster Care and Adoption Association (MFCAA) to provide a resource center to support children and families following successful adoptions.

Accomplishments between 7/1/2007 and 6/30/2008 included:

- 54 parents and children participated in Parent Support Groups
- 50 respite homes developed providing 183 units of respite care.
- 161 adoptive families received crisis intervention services.
- 62 families received mental health supportive services.

The MFCAA provided Advocacy, Training and Workshops, Information and Referrals, Youth Support Groups, Educational Services, and Medical and Behavioral Services.

**Training:** LINC provides extensive training in detecting, preventing and reporting child abuse and neglect for child care providers and school-age child care staff, and through research-based parent education programs.

LINC Educare trainings support these efforts by providing child abuse and neglect prevention training and many other workshop offerings. Attendance in these trainings exceeds 3,000 per year as providers and community members learn how to better protect our children, how to prevent child abuse and neglect, and how to survive as single parents, just to mention a few of the workshop areas.

#### Conclusion:

These are examples of the collaboration that has tied all these services together to provide a safe and healthy environment for our children throughout their development.

#### List of Partners:

Missouri Dept. of Social Services  
DSS Children's Division - Jackson County

Independence School District  
North Kansas City School District  
Hickman Mills School District  
Fort Osage School District  
Center School District  
Grandview School District

City of Kansas City, Missouri  
Drumm Farm Institute  
Francis Child Development Institute  
Kansas City Parks & Recreation Dept.  
Don Bosco Community Centers  
Family Literacy Center - Up With Parents Program  
Families & Schools Together Parent & Community Partners  
FAST National Training & Evaluation Center  
Family Conservancy  
Family Friendly Assistance.  
Healthy Habits  
Midwest Foster Care and Adoption Association  
Parents As Teachers  
Kansas City Young Audiences  
National Council on Alcohol & Drug Dependency  
Police Athletic League  
Samuel U. Rodgers Community Health Center  
Sunshine Center  
Swope Health Services  
Truman Behavioral Health

# Mississippi County Interagency Council

Established: 1998



2007-2008 Funding



Other State & Federal	- 28%
In Kind	- 41%
Local Investment	- 1%
Caring Communities	- 30%

FY08 Result Achievement: Decrease in the number of child abuse/neglect cases

September 2008

## Community Profile:

Our community partnership is located in the Bootheel of Missouri and just west of the Mississippi River. The county population is 14,327 with the majority of the population living in Charleston on the north end and East Prairie on the southern end of the county. Mississippi County is 50+ miles from a major city and the county is mostly a farming community. Various small businesses are located in the two largest towns. Local businesses and the two school districts are the heartbeat of the county, accounting for most of the family income. The partnerships geographical area consists of Mississippi County and some portions of Scott.

The partnership in Mississippi County has 11 Board of Directors, providing a diverse representation of the county. The Board of Directors is the governing body for the partnership. The executive officers consist of a Chair, Vice Chair and Secretary. The staff for the partnership is an Executive Director, Officer Manager, County Coordinator, Youth Coordinator and an Experience Works volunteer secretary. Housed in the MCCC Resource Center are two case managers for the Adult and Dislocated Worker program through Lakes Country and a case manager through Mers-Goodwill. The Center also offers office space to an Experience Works Coordinator, Bootheel Counseling and a Missouri Baptist Children's Home Case Manager.

The Board of Directors and the Partnership staff are focusing on stability for the organization. Future plans include an Early Childcare Center that will provide quality care to young children at affordable pricing and also provide general revenue to the partnership. Continued assessments are resulting in further collaboration to provide additional strategies to ongoing youth training, family support and emergency preparedness.

## Major Collaborative Accomplishment:

Although many organizations and agencies have collaborated with the Mississippi County Partnership to implement these programs, three main ones can be recognized in helping to reduce child abuse/neglect incidents. They are the East Prairie and Charleston Parents as Teachers programs and the Mississippi County Health Department. They help to provide parent education and home visits. Because of the continual contact between the partners and families, early signs of child or family distress can be detected and help can be provided to the families in a timely manner. This has helped to reduce the incidents of child abuse/neglect.

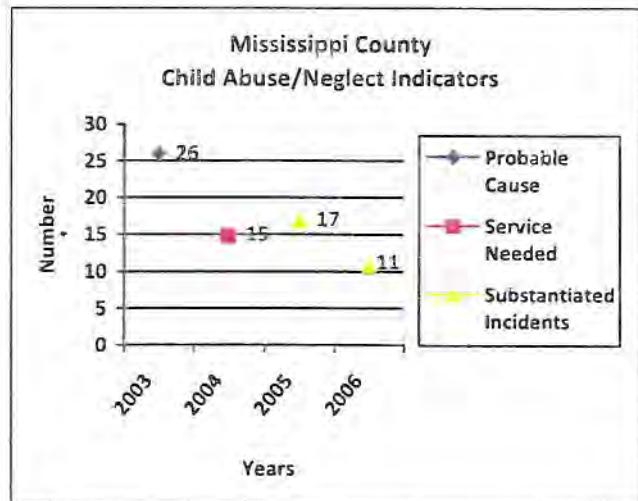
## Early Childhood Education Projects and Programs

### Bright Beginnings Project:

The Partnership is in its fourth year of providing county parents with the benefits of The Bright Beginnings Project, funded by the Children's Trust Fund. The Project focuses on reducing child abuse/neglect and offers educational classes throughout the year to parents with children 0-4 years of age. Parents receive cribs and infant massage kits when the parenting classes are complete. The Community Coordinator provides crib assembly for the parents and conducts a 60-90 day follow up home visit.

To date, 141 cribs, 191 infant massage kits and 58 classes have been given through the Project. Findings through the "Missouri Child Abuse and Neglect Annual Report" Family Assessments for 2003-2006 indicate the program's effectiveness. In 2003, the probable cause incidents for the county were 26. The following year, in 2004, service needed was 15. In 2005, the substantiated incidents of child abuse and neglect spiked slightly to 17, but what's noteworthy is the drastic decline.

that occurred in 2006, when the incidents dropped to 11. Through the efforts of Bright Beginnings, the partnership has been afforded the opportunity to form a greater collaborative effort with the community, schools, organizations and agencies; thus helping to reduce the incidents of child abuse/neglect.



#### Reaching All Parents Program (SAHP)

The Reaching All Parents Program is funded through the Department of Social Services. The Stay at Home Parenting Program, implemented in FY '08, has made significant advances in providing educational enrichment, safety education and educational materials essential for child development. The program design is for stay at home parents and their children, 0-3 years old. Home visitation and networking meetings allow facilitation of the program and cultivates communication and bonding techniques to help reduce child abuse and neglect. To date, a continual caseload of 32 families and 37 children have participated in the program. According to 2008 Kids Count, 33% of the live births reported are to mothers with no high school diploma. The Stay at Home Parenting Program is continually implementing new strategies to address this and other encompassing issues. The program mission is to promote a strong educational foundation and foster a safer and healthier home environment.

#### Early Childhood Training Clock Hours

The local childcare homes, group homes and centers are required to obtain 12 hours of training per year to be in compliance with state licensing rules. The partnership works with organizations and agencies to see that training sessions are offered throughout the year locally, helping licensing entities to maintain educational requirements for the state.

Traveling to training sessions for childcare workers in Mississippi County is often not possible due to time restraints. Childcare workers on staff until 6:00 can't make it to trainings that are one hour away at the same time. The local training clock hours help Miss. Co. licensing childcare staff to meet those state requirements.

#### **List of Partners:**

- Charleston PAT
- East Prairie PAT
- New Madrid County Family Resource Center-CP
- Local Daycares
- Family Service Division
- Miss. Co. Health Department
- Susanna Wesley
- City of East Prairie
- City of Charleston
- Sheriff's Department
- American Red Cross
- Salvation Army

# New Madrid County Human Resources Council

Established: 1998



2007-2008 Funding



In Kind - 74%

Local Investment - 7%

Caring Communities - 19%

FY08 Result Achievement: Increase Employment Opportunities for Ex-Offenders

September 2008

## Community Profile:

The New Madrid County Community Partnership is located in the town of New Madrid at the New Madrid County Family Resource Center. The Partnership governs the one stop center that is comprised of an array of services assisting in employment, housing, food, clothing, emergency, utilities, mentoring, older workers, community service, community engagement, education/tuition guidance, community computer lab, etc. The Partnership provides services in New Madrid and Scott Counties.

New Madrid County has a current population of 18,314 which is a 6% decline since 2000. We are located in a very rural area with few industries and an unemployment rate in July 2008 of 8%.

The Partnership employs 7 full time staff members consisting of an Executive Director, Administrative Assistant, Gatekeeper, Parenting Coordinator and Assistant, MMP Coordinator and Teen Parent Associate. The Partnership also hosts an AmeriCorps VISTA who is working on the MO Re-entry Project.

The Partnership has a 15 member Board of Directors, providing a diverse representation of the county and guidance to the Partnership. The executive officers consist of a Chair, Vice Chair and Secretary.

The New Madrid County Family Resource Center houses many partnering organizations which include the Caring Communities Partnership, Missouri Mentoring Partnership, DAEOC Community Action Agency, Salvation Army, Experience Works, UMOS Migrant Farmworker Program, a Veteran's Representative, Parents Fair Share, Missouri Bootheel Regional Consortium, Job Corps, MERS Goodwill.

The focus of the Partnership is to close gaps in services, eliminate duplication and enhance existing programs through collaborative efforts and to promote economic development.

## Major Collaborative Accomplishment:

Through our local Missouri Re-Entry Process Team for New Madrid and Scott Counties surveys were completed by ex-offenders to find out what the greatest need was. Of the completed surveys, 75% stated that employment was their biggest concern. The AmeriCorps VISTA and committee members decided to bring job fairs to the ex-offenders and assist them in preparing for the day and for the employers.

A job fair was held in New Madrid County with four businesses and three job search organizations present that had complete expectations that only ex-offenders would be attending. The first half of the day, participants completed a professional resume, attended a job readiness class and were registered on MoCareerSource. The second half of the day employers were present to take applications/resumes and to discuss employment opportunities within their company. Seventy-nine people were in attendance. Five individuals found employment after utilizing the tools received and learned at the job fair.

The next job fair was held in Scott County in conjunction with the Sikeston Area Chamber of Commerce Annual Job Fair. Participants were encouraged to participate in a Job Readiness Day the day before the job fair. Upon arrival participants built professional resumes, attended a job readiness class and were registered on MoCareerSource. Sixty-three people were in attendance. Three individuals found employment after utilizing tools received and learned at the job fair.

The results and participation from both fairs were excellent. All participants felt the fairs were very helpful and it gave them a sense of hope and they encouraged more events.

## List of Partners:

- New Madrid County Caring Communities Partnership
- Division of Workforce Development
- UMOS
- Parents Fair Share
- Fathers for Life/DAEOC
- New Madrid County Family Resource Center
- Salvation Army
- Probation and Parole – New Madrid and Scott
- Missouri Mentoring Partnership
- Mission Missouri
- Sikeston Area Chamber of Commerce
- And many other local businesses

# Northeast Missouri Caring Communities

Established: 1995



2007-2008 Funding



Other State & Federal	-10%
In Kind	-56%
School Funds	-3%
Caring Communities	-31%

FY08 Result Achievement: 1<sup>st</sup> through 5<sup>th</sup> Grade Tutoring

September 2008

## Community Profile:

Our Partnership serves two rural counties with a population of approximately 9,600. Often our services expand to other neighboring communities. Our Knox County office is located in the Jim Sears building in Edina, MO. In Schuyler County our office is located in Lancaster, MO.

Our staff consists of 1 Executive Director, 3 full-time staff, 2 part-time staff, 1 GED instructor, 1 VISTA, 1 childcare director, and 2 childcare staff. Partnership oversight is comprised of a board of directors. Board officers are elected and a simple majority vote is required.

NEMOCC's relationship with the small communities is one of our strengths. We are often the hub for information and we assist people to access the services they need. We frequently advocate for neighboring counties in addition to the two counties we serve.

Our partnership is striving to become more community based as opposed to school based.

## Collaborative Accomplishment:

Northeast Missouri Caring Communities, Inc. combines efforts with both schools to target students in grades 1<sup>st</sup> through 5<sup>th</sup> who score below grade level in literacy and/or mathematics.

The school uses a teacher recommendation process with assessment data to identify students who are reading below grade level or are at risk in mathematics. Knox County uses a baseline-tutoring test in October and again at its conclusion in March. Schuyler County uses the DIBBLES (Dynamic Indicators of Basic Early Literacy Skills) test before the tutoring program begins and again at its conclusion. Teachers from both school districts are also able to place students who are at risk for end of semester failing grades regardless of the tutoring placement tests scores.

Combined efforts at both sites allow for payment of an activities bus that helps provide transportation to students. The Schuyler County activities bus is funded through Caring Communities. The school funds the activities bus in Knox County. These efforts to provide transportation are vital for student participation.

The "Back to School Fair", is a huge collaborative effort in both counties that helps provide children of low-income households all the necessary back-to-school supplies. Approximately 250 K-12<sup>th</sup> grade students from Knox and Schuyler Counties participated in the Back-To-School Fair.

Knox County after school tutoring beginning in October 2007 and concluding in March 2008 showed a 74.8% success rate for 1<sup>st</sup> through 5<sup>th</sup> grade students reaching grade level. 21.7% remained at risk for reading below grade level and 3.5% were referred on for additional testing.

The Schuyler County after-school tutoring placement shows that 84.7% improved or made adequate progress while 15.3% were referred on for further testing.

The average daily attendance for the 2007-2008 school year in Schuyler was 94.98% and in Knox County the average daily attendance was 96.3%.

## List of Partners:

NEMOCC staff and board members

Knox County School District

Schuyler County School District

Jones Bus Company

Toney Bus Company

NMCAA-Community Outreach

Community Churches

Community Businesses

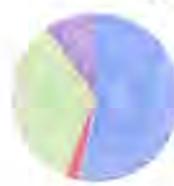
County Health Departments

# Pemiscot County Initiative Network

**Established: 1998**



2007-2008 Funding



Other State & Federal	- 53%
In Kind	- 3%
Local Investment	- 34%
Caring Communities	- 10%

## FY08 Result Achievement: An increase in the rate of Persistence to High School Graduation (By 18)

September 2008

### Community Profile:

The population of Pemiscot County decreased from nearly 47,000 in 1940 to 18,780 in 2007. Unemployment rates have been for many years in the double digits and persons at poverty level increased, causing the county to be ranked as the poorest in the state of Missouri. Kids Count 2007 composite county rank for Pemiscot County is 114.

The Partnership is located in the southeast corner of Missouri and has been for many decades a heavy agricultural county with emphasis on cotton and other crops to include corn and soybeans.

The Community Partnership consists of citizens of Pemiscot County and a fifteen member Board of Directors. The PIN staff consists of a Director, Manager of Administrative Services, Caring Community Site Coordinator, two Career Education Case Managers, one Case Manager for Youth Mentoring Program, and a Lead Agency Coordinator for a Child Abuse Prevention Program.

### Future Plans

The Caring Community Site Council will develop strategies to strengthen identified weaknesses in PIN's efforts to achieve the six core results. PIN has implemented a comprehensive strategy to increase the rate of Pemiscot County High graduation. The strategy involves a collaborative effort of schools, employers, mentoring programs, career education, and the community to provide supportive services to youth at risk of dropping out of school. All participating youth are assessed to determine if they are deficient in basic skills and at least one educational and or occupational goal is established.

### Major Collaborative Accomplishment:

The average Pemiscot County High School dropout rate has changed from a high of 10% in 1996 to 4.7% in 2007(Kids Count 2007). The average graduation rate in Pemiscot County has increased from a low of 78.6% in 2006 to 89.8% in 2007 (DESE).

### Partners:

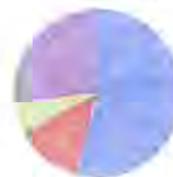
- All public schools in Pemiscot County
- Delta Area Economic Opportunity Corporation
- DYS Probation Officer, FSD
- MODOT
- Pemiscot Memorial Hospital
- Parents as Teachers
- County Law Enforcement
- Juvenile Officers
- City and State Law Enforcement
- Department of Social Services
- Bootheel Healthy Start Program
- Pemiscot Health Center

# Pettis County Community Partnership

Established: 1996



2007-2008 Funding



Other State & Federal - 54%
In Kind - 13%
Local Investment - 6%
Caring Communities - 27%

**FY08 Result Achievement: Children & Families Safer Because of Efforts to Reduce Recidivism through MO Partnerships for Reentry**

September 2008

## Community Profile:

Pettis County is located in west central Missouri, and, depending on the direction, is about an hour from Kansas City, Columbia or Jefferson City. Sedalia is the county seat and has been designated a "micropolitan" area. Primarily a rural area with an agricultural and manufacturing base, Sedalia is also the home of the MO State Fair.

## Major Collaborative Accomplishment:

With 97% of current inmates being released back to the community and 1 in 3 of Missouri prison admissions being a returning parole violator, something needed to be done to stop these trends. Data showed that only 14% of offenders who secured full time employment upon release returned to prison. Additional positive factors are education/vocational training, mental health services, family connection during incarceration and substance abuse treatment. A shift in philosophy within the MO Dept. of Corrections provided the perfect climate for Partnership involvement and the Partnership system provided the perfect framework for coordinating efforts across the state. PCCP wrote a grant to the Corporation for National & Community Service (CNCS) to secure VISTA members to work across the state and increase the impact of a plan originally intended for Pettis County. All Partnerships were invited to participate. Fourteen of the 21 signed on as partners. We were granted 20 VISTA's & a supervisor to serve in our project, MO Partnerships for Reentry. VISTA members work on identifying and publicizing community resources that should help offenders; building a local Reentry Steering Team; securing and training mentors to assist offenders and their families; coordination of efforts to reduce barriers to employment; coordination of efforts to address education and training needs; and assistance with housing issues. VISTA members have helped build reentry resource centers across the state; developed resource manuals to fit the needs in their communities; developed an awesome Reentry Awareness Simulation that is in big demand around the state. Great strides are being seen at most of our sites! Reentry's time has come!

We have just begun year 3 of our grant. There is widespread participation in all communities.

## List of Pettis County Partners:

Corporation for National & Community Service and AmeriCorps Volunteers in Service to America  
MO Dept. of Corrections  
MO Reentry Process staff  
Transitional Housing Unit staff from the prisons  
Tipton Correctional Center  
Boonville Correctional Center  
Probation & Parole  
District and Regional Administrators  
MO Dept. of Mental Health-DORS  
MO Dept of Social Services  
Pettis County FSD  
Workforce Development & employment grant rec'd.  
Pathways Behavioral Health  
Burrell Behavioral Health  
Community Counseling Services  
West Central MO CAA  
Recovery Prison Ministries & Lighthouse  
Victim-Offender Mediation Team  
Ministerial Association  
Pettis Co. Sheriff and staff  
Sedalia Police Department  
Pettis Co. Juvenile Office  
NAACP of Pettis County  
State Fair Community College  
Warrensburg Independent Living Center  
Katy Trail Community Health  
Bethel Family Church, Sacred Heart Church  
Christ and Trinity Lutheran Church  
MO School of Religion Center for Rural Ministry  
Pettis County Jail Ministry Team  
Job Point  
Celebrate Recovery, Mothers Against Meth (MAMA)  
Community Resource Services  
Ex-offenders & family members  
Concerned citizens  
Local employers  
Boone Co. Offender Transition Network (BCOTN)  
13 Other Community Partnerships in these counties: Boone, Butler, Cape Girardeau, Jefferson, New Madrid, Knox/Schuyler, Ripley, Buchanan, Washington, Greene, Marion, Jasper/Newton and Randolph, who have also had involvement from similar agencies in their areas.

# Randolph County Community Partnership

**Established: 1999**



2007-2008 Funding



Other State & Federal	-75%
In Kind	-1%
Local Investment	-3%
Caring Communities	-21%

**FY08 Result Achievement: Increased awareness of underage and binge drinking issues of youth ages 12-18 residing in Randolph County**

September 2008

## Community Profile:

**Demographic/General Description:** The Randolph County Caring Community Partnership (RCCCP) corporate office is located at 423 E. Logan Street, Moberly, Missouri. Moberly is the largest of eight non-urban towns and villages in Randolph County. Randolph County has a population of 25,590 (48% urban, 52% rural) which represents a population growth of 3.1% since the year 2000. It covers 482 square miles and is comprised of six school districts serving eight communities. The median household income for the county is \$23,021 with approximately 17% of Randolph County children living in poverty, while 26% percent of children live in single parent households.

**Geographic Areas Covered by the Partnership:** The RCCCP primarily serves residents of Randolph County and continues to develop emerging partnerships with agencies located in the neighboring counties of Monroe, Chariton, and Howard.

**Partnership Structure:** The organizational structure of the RCCCP consists of a 5 member board of directors responsible for the governance and fiscal management of the partnership. The daily management of the partnership is provided by the Executive Director who also supervises three Project Directors and the administrative support staff. In addition, the RCCCP has 5 active county-wide Action Teams that are responsible for engaging community residents and agencies in the local decision-making process.

**Future Plans:** To increase the number of active county-wide action teams to address newly identified emerging issues and to enhance the strength of our partnership by engaging key elected officials from the local, county, and state level.

## Major Collaborative Accomplishment:

During FY08, focus for the RCCCP was upon rebuilding the Youth Development C2000 Action Team to address the issue of underage and binge drinking in Randolph County. The action team held consistent monthly meetings and increased its membership size to over 20 participating agencies. The action redefined its mission and vision and eventually changed its name to the Prevention Alliance of Randolph County (PARC) in order to address a more comprehensive array of issues such as teen pregnancy, teen dating violence, and suicide prevention. With the engagement of partners such as the school districts, healthcare providers/physicians, law enforcement, and the faith community, PARC was able to host a Community Town Hall Meeting to raise the awareness of the impact and influence of underage and binge drinking upon youth ages 12-18.

**List of Partners:** The following agencies are community partners with the RCCCP:

- Randolph County Health Department
- Randolph County Commissioners
- Burrell Behavioral Health Services
- Moberly Public School District
- Presbyterian Children Services
- Moberly Housing Authority
- Randolph County Area YMCA
- Randolph County Ministerial Alliance
- Parents As Teachers
- 14<sup>th</sup> Judicial-Office of Juvenile Services
- Randolph County Sheriff's Department
- Moberly Area Community College
- Safe Passage Domestic Violence Shelter
- Moberly Parks and Recreation Department
- Barrow Law Firm
- Anm8 Marketing Consultants

# Ripley County Caring Community Partnership

**Established: 1997**



2007-2008 Funding



Other State & Federal - 22%
In Kind - 32%
Local Investment - 15%
Caring Communities - 31%

**FY08 Result Achievement: Decreasing the number of at-risk students ages 8 to 13 in the Doniphan R-1 School District**

September 2008

## Community Profile:

The Ripley County Caring Community Partnership (RCCCP) is located at 209 W. Highway St. in the rural town of Doniphan, MO. RCCCP currently serves Ripley County which has a population of 13,851 over a 629 Square mile area which is predominately Caucasian (97.1%). Ripley County was organized in 1833 and named for General Eleazer Wheelock Ripley, hero of the War of 1812. Today the county provides tourist areas that include Current River and the Mark Twain National Forest. There are eight townships: Briar, Doniphan, Fairdealing, Gatewood, Naylor, Oxly, Pine, and Poyner. Only 62.1% of residents have a high school diploma and 7.8% have a bachelor's degree or higher. The average annual wage in Ripley County is \$18,429 compared to \$31,740 in Missouri; 21.9% of Ripley County residents live in poverty.

The Ripley County Caring Community Partnership was designated as a Community Partnership in October 1997. Since that time, RCCCP has worked to assess the needs of Ripley County to better the quality of life for children and their families. As RCCCP continues to combat the lack of resources and services that are provided to our citizens, we strive to increase the awareness, implement the tools, and succeed at our goals.

The RCCCP board is comprised of nine elected diverse community members. RCCCP has quarterly general membership meetings to inform the public on updates and the status of partnership initiatives. RCCCP currently has three full-time employees; Executive Director, Programs Director, and Administrative Assistant. RCCCP works on a community-wide strategic scope.

## Major Collaborative Accomplishment:

Abuse-Striving to Achieve Rewarding Tomorrows) is a substance abuse/delinquency program that is available to qualifying at-risk youth ages 8 – 13 years and their families. The CASASTART Program has been rated an Effective Model Program and is made possible through grant funding received from the Missouri Department of Public Safety, Title II funds.

The CASASTART Program provides wraparound case management services to the 15 qualifying families which include social support, family services, and educational services such as tutoring and homework assistance, after-school and summer activities, and mentoring. Youth are identified for participation based on three areas of risk: family, person, and school.

By year two (2008) 100% of students participating had no juvenile referrals as compared to 80% baseline. Ninety five percent have shown significant improved behavior changes and that has resulted in a decreased suspension rate, increase in grades and parental participation. Case Management of families has lead to 20% of parents receiving mental health counseling; 25% improved housing conditions for families; and 100% of parents participating in a survey agree that they have an improved parent/child relationship after participating in the program.

### List of Partners:

Doniphan R-I School District  
Doniphan Kiwanis Club  
Doniphan Key Club  
Department of Social Services -District #36 -Children's Division & Family Support Division  
Doniphan Police Department  
Ripley County Sheriff's Department

# **Southwest Missouri Community Alliance**

**Established: 1997**



**2007-2008 Funding**



Other State & Federal	-31%
In Kind	-45%
Local Investment	-3%
Caring Communities	-21%

## **FY08 Result Achievement: Carthage Caring Communities and Drug Free Communities**

Program positively impacted youth in the area of underage drinking and the risk of drinking and driving.

**September 2008**

### **Community Profile:**

The Alliance of Southwest Missouri primarily serves Jasper and Newton Counties in Southwest Missouri. Many of our services also extend to McDonald, Barry, Lawrence, Barton, Vernon, Dade, Cedar, Bates and St. Clair Counties. Our main office is located at 2914 E. 32<sup>nd</sup> Street in Joplin. An additional office is located in the neighboring community of Carthage. The Alliance is governed by a twelve member board with representatives from a broad base of community sectors.

Staff includes 2 full time and 2 part time administrative staff, 5 full time program coordinators, 3 part-time program assistants and two senior retired volunteers.

Along with a number of prevention programs including: Safe Kids, Safe Teens, Family Preservation and Drug Free Communities, The Alliance has 3 active community coalitions (Carthage, Neosho, and Joplin Area), which are charged with community planning and addressing gaps in the areas of health and safety. We also sponsor the Community Health Collaborative, the Homeless Coalition, Safe Kids Coalition, a Re-entry Advisory Group and a Family Preservation Provider Network. We have active community partnerships with more than 60 community agencies and businesses. The Alliance will continue to be responsive to the needs identified by our community coalitions through collaboration and programming. We anticipate major accomplishments in the areas of reentry, child and teen safety, family preservation, and substance abuse prevention in FY 2009.

### **Major Collaborative Accomplishment:**

The Alliance of Southwest Missouri is the lead agency for the Carthage Caring Communities Coalition and receives a federal Drug Free Communities grant, Missouri Prevention Assistance Grants, local mini-grants and private donations to support programming in the Carthage area. The Drug Free Communities Program's goal is to reduce substance abuse among youth and over time, among adults by addressing the factors in the community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. According to the data gathered by SmartTrack, which is administered to 7<sup>th</sup>-12<sup>th</sup> graders, the program has resulted in a number of statistically significant gains. A comparison of data since the program was initiated in 2005 provides the following results:

- *19.93% increase of students who report that they are not drinking*
- *8.01% decrease in the number of students riding with someone who has been drinking*
- *15.83% increase in the number of students who report no use of alcohol before the age of 16*
- *12.78% increase in the number of students who report a perception of parental disapproval*

The Drug Free Communities Program has permeated the community with many teen and parent activities to increase the awareness of underage drinking and the risks of drinking and driving. Shattered Dreams was a two day program that involved more than 900 Carthage R-9 students.

The event included "walking dead" activities, a mock crash involving emergency personnel, students, parents, and helicopters airlifting the "victims". Participants of the mock crash and the "walking dead" attended a lock-in to discuss the dangers of underage drinking and what role the community plays in prevention. The second day concluded with an assembly of the student body. Guest speakers were a parent of a student who died as a result of underage alcohol consumption, and a student who survived a car crash that involved underage drinking. The auditorium was silent as the speakers pleaded with the students to think before drinking. ***68.6% of students who participated in the program said they would talk to their friends about underage drinking.***

**Community Partners:** The Carthage Caring Community Coalition has **153 registered community partners**. Partners who were actively involved in the Shattered Dreams program were:

- Students
- Parents
- Carthage Police Dept.
- Emergency personnel
- Carthage Fire Dept.
- Carthage school officials
- Carthage city officials
- The Family Neighborhood Center
- St. John's Hospital
- McCune Brooks Hospital
- METS
- Lifeflight
- Carthage Press
- Mornin' Mail
- Knell Mortuary
- Ulmer Funeral Home
- Grace Pointe Assembly of God
- One Group Youth Ministers
- Jasper County Sheriff's Dept.
- MoDot

# St. Francois County Community Partnership

**Established: 1999**



2007-2008 Funding



Other State & Federal	- 39%
In Kind	- 25%
Local Investment	- 33%
Caring Communities	- 3%

## FY08 Result Achievement: Youth Suicide Prevention Initiative

September 2008

### Community Profile:

The offices for SFCCP are located in an indoor mall in downtown Farmington, MO. Our unique location creates interest resulting in many first-time visitors inquiring about SFCCP and Educare. Located in Southeast Missouri, SFCCP initiatives are central to St. Francois County, with some supports and services also impacting Madison, Ste. Genevieve, and Iron Counties. The work of SFCCP focuses on the areas of early childhood education, parent and educational support, child abuse prevention, and healthy children and families.

According to the US Census Bureau, the 2006 population of St. Francois County is estimated at 62,181, with 5% of that population being children under age 5 and 14% being adults over age 65. 27.6% of the population over age 25 does not have a high school diploma or equivalency, and 15.9% of the population lives below the poverty level. 12.2% of the county's population (as compared to the Missouri average of 11.8%) has no health coverage.

The SFCCP Board of Directors is made up of 23 members and the Executive Director. The Board includes representatives of eight state agencies and members from all five of our local school districts. Other groups represented include a mentoring organization, an employment agency, Vocational Rehabilitation, a child abuse and neglect prevention organization, our two local hospitals, the faith community, and the publisher of the local newspaper. Our board members and staff are active leaders in the community with several serving on the board of directors/advisors for key collaborative partners.

SFCCP employs a part-time executive director, full-time administrative assistant, and two part-time staff for Educare. Additional help is paid on an as-needed basis. Community sites are informally structured via a school social worker/counselor appointed by each school district to serve on the SFCCP Board of Directors and acting as liaison with school-based personnel. Despite the informal structuring of community sites there is a high level of communication between SFCCP and school districts. We plan to continue cultivating relationships and collaboration with local organizations and service providers in order to increase resources and better serve our citizens.

### Major Collaborative Accomplishment:

SFCCP has been alarmed at the rate of youth suicide in St. Francois County. Between 1995 and 2006 the rate of self-inflicted injury among youth was 23.0 for St. Francois County compared to the state rate of 10.0 per 10,000 per population, double the rate for the state.

In August 2007 SFCCP secured funding for a Youth Suicide Prevention Initiative (YSPI) through Missouri Department of Mental Health. The objective of YSPI was to present youth suicides as a preventable public health problem by fostering awareness within the community and providing training for individuals who work directly with youth. Existing programs addressed crisis intervention and dealing with the aftermath of tragedy, but no programs were aimed at prevention within our school and community settings.

Specific goals of YSPI include raising awareness of risk factors and warning signs associated with youth suicide and reducing stigma enabling at-risk youth to seek help. School personnel, social service agencies and other youth providers collaborated to present in-service trainings and public awareness activities. Packets of informational / educational materials were developed and made available to service providers, counselors, families, and at-risk youth.

### YSPI activities included:

- Two in-service trainings offered to school personnel with 65 in attendance. A third training is planned for October 2008.

*Livin' Out Loud* tour. During National Mental Health Awareness Month, assemblies were held at 11 local middle and senior high schools to draw attention and raise awareness about mental illnesses and suicide. A positive message about life worth living was presented to approximately 6,700 students. A community event for the entire family was held at the end of the week. The tour featured Kevin Hines, an amazing speaker with bipolar disorder who had jumped off The Golden Gate Bridge and survived (attempted by over 1,200 others since 1939 and only 29 have survived). Onetimeblind, a nationally-known drama group also performed. The program was

- well-received by the youth attending. Counselors were available for consultation at the end of each assembly.
- During Suicide Prevention Week, posters were distributed to schools and organizations to raise awareness in the community.
- Numerous articles and interviews were carried by local newspaper and radio stations promoting mental health and suicide prevention.
- Development of informational packets for service providers. Development / distribution of wallet cards, brochures, pamphlets, posters, and magnets aimed at raising awareness among students and parents.

The St. Francois County Community Partnership will make every effort to make suicide prevention an ongoing activity.

**List of Partners:**

State Senator Kevin Engler  
 State Representative Brad Robinson  
 State Representative Steve Tilley  
 Belgrade State Bank  
 McDonald's  
 The Daily Journal  
 KFMO, KTJJ, and KYLS Radio Stations  
 Parkland Health Center  
 BJC Behavioral Health  
 Southeast Missouri Mental Health Center  
 Division of Alcohol and Drug Abuse  
 Southeast Missouri Community Treatment Center  
 Young Faith In Christ  
 Missouri Youth Suicide Prevention Project  
 The Bridge Community Church  
 Youth Fest 2008  
 West County Ministerial Alliance  
 Esther Baptist Church  
 Coppermines FWB Church  
 First Baptist Church of Fredericktown  
 Farmington Presbyterian Church  
 Fredericktown, North County, Potosi, Central, Kingston and Farmington High Schools  
 Fredericktown, Kingston, North County, and Central Middle Schools  
 Community Counseling Center  
 Park Hills Lion's Club  
 onetimeblind  
 Hidden Alibi  
 Kevin Hines  
 Project Life  
 Substance Abuse and Mental Health Services Administration  
 Missouri Association of Community Task Forces

# St. Joseph Youth Alliance

Established: 1995



2007-2008 Funding



■ Other State & Federal -25%

■ In Kind - 75%

**FY08 Result Achievement: Provided increased education and awareness to youth and adults to reduce the illegal use of alcohol, tobacco, and drugs.**

September 2008

## Community Profile:

The St. Joseph Youth Alliance is located in the City of St. Joseph, chosen this year for the second time as one of the 100 Best Communities for Young People by America's Promise—The Alliance for Youth. Although most of our supports and services are central to Buchanan County, some of our initiatives provide services in the following Missouri counties: Andrew, Atchison, Caldwell, Clinton, Daviess, Dekalb, Gentry, Holt, Nodaway, and Worth.

Programmatically, the work of the Alliance focuses on the areas of early childhood education, youth mentoring, teen pregnancy and parenting support, child abuse prevention, youth volunteerism, youth asset development, youth leadership, and youth substance abuse prevention.

According to the U.S. Census Bureau, Buchanan County population is 84,955. The 2006 racial composition of the county was over 92% White, 4.5% Black, .5% American Indian/Alaskan Native Persons, .6% Asian, and 2.7% Hispanic.

The Alliance is a membership organization that is governed by a 15-member board of directors. Currently our partnership has 15 employees, 8 AmeriCorps members, and is managed by an executive director who has the support of a leadership team. This team works to implement the policies set by the board of directors.

In an effort to create a drug-free community, the Alliance has become increasingly involved in a variety of comprehensive community engagement initiatives. Through these partnerships, we work together to positively change community attitudes and behaviors surrounding drugs, alcohol and tobacco, ultimately encouraging youth to choose substance-free lives.

## Current Initiatives Include:

- Safe Prom & Graduation Initiative-involved local businesses placing "Stop Underage Drinking" on their marquees during prom and graduation. Local florists, beauty salons, formal wear merchants, and restaurants handed out "celebrate sober" messages with each prom related order. Over 50 businesses participated in this awareness campaign. The Alliance also partnered with other businesses to host 4 safe after prom parties for high school students. The youth enjoyed bowling, pool, games, a disc jockey, and an opportunity to observe a hypnotist, eat, and win prizes. Over 200 youth were in attendance. Underage drinking information was distributed to all youth.

## Major Collaborative Accomplishment:

- Alcohol Compliance Checks-a strategy implemented by the Youth Alliance in partnership with the St. Joseph Police Department. In the fall of 2007, 72 package retailers were checked with a 56% buy rate. This serves as baseline for our work. One of the keys to reducing underage drinking is to limit youth access to alcohol.

## Rock in Prevention:

Following recent data reports on underage drinking, Youth Alliance and its partners recognized the need for an education and awareness campaign targeting drug and alcohol prevention for both youth and adults alike. Community partners took the initiative and responsibility for this community-wide campaign aimed at making Buchanan County a healthier and safer place to work and live. The Rock in Prevention Town Hall Meeting was one of the key components of the campaign. One hundred seventy-one people attended the March 20, 2008, event at the Civic Arena in downtown St. Joseph. This town hall featured Rock in Prevention, a musical group that delivered an interactive, educational, and fun prevention program encouraging youth to lead drug and alcohol-free lives. The key to this type of program is to reach youth with a persuasive prevention message before they experiment the first time with alcohol. Erica Whaley, a speaker from Think First Missouri, spoke that evening about underage drinking and the impact it had on her life. Erica, a paraplegic, told her story about being involved in an alcohol-related car crash and the impact and consequences it has made in her own life. She encouraged each youth to not get involved with underage drinking and to make healthy decisions. An open forum was held at the end of the meeting to discuss issues regarding underage drinking in the local community.

## Rock in Prevention Partners:

City of St. Joseph, MO Dept. of Transportation, Think First Missouri, Preferred Family Healthcare, MO Division of Alcohol and Drug Abuse, St. Joseph School District, Northwest MO Tobacco Coalition, Buchanan County Sheriff's Dept., St. Joseph Safety Council, Partners in Prevention, AmeriCorps, and the Drug Free Community Coalition.

# Washington County Community Partnership

## Established: 1999



2007-2008 Funding



Other State & Federal	- 84%
In Kind	- 7%
Local Investment	- 3%
Caring Communities	- 6%

### FY08 Result Achievement: Community Engagement

September 2008

#### Community Profile:

The Partnership office is in Potosi, the county seat, and serves all Washington County. The county is large, rural and poor. The population is 24,317 covering 760 sq. miles with a sparse 32 people p/sq. mile. In July 2008, our unemployment rate was 10.1%, 56.6% of school-aged children are enrolled for free/reduced lunch and 36.6% of our children live in poverty. The average household income is 73.4% of the state median. Of our population 25 and older, 37.5% do not have a high school diploma or GED. (OSEDA, Kids Count 2007, LAUS 08)

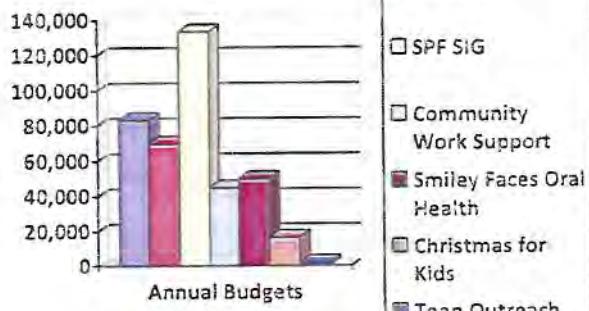
The Washington County Community Partnership was established in 1997 and has been a 501(c)3 Caring Community site since 1999. Washington County is one of the last 3 Partnerships designated and as such, we were never funded to provide services, but to leverage other resources to address identified needs in the county.

We currently administer 8 programs in Washington County: Caring Communities (since 1999), Educare (1999), Smiley Faces Oral Health (2003) Teen Outreach Project (2004), Missouri ReEntry Program (2006), Strategic Prevention Framework (2006), Community Work Support (2007) and Christmas for Kids (2007).

The Partnership is governed by a 10 member board which meets monthly. We have 12 staff and administer 7 county programs from our office. There is also a 40 person general membership that meets bi-monthly to discuss community events and initiatives. This group elects the governing board at the annual volunteer banquet and is open to all members of the community. We have representation from most social service agencies, schools, government, law enforcement and the faith community.

Through our general membership meetings over the past 10 years, we have successfully integrated our local resources to address a variety of community needs without duplicating services. We have created four coalitions from our general membership to deal with issues related to Health, Alcohol Prevention, ReEntry, and Christmas fundraising.

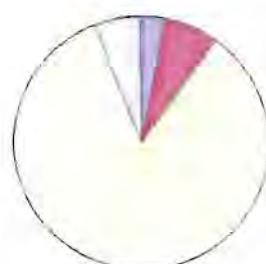
#### In House Programs 2008



#### Major Collaborative Accomplishment:

Beyond the programs above that we administer in-house, the Partnership has also provided technical assistance in assessment, grant writing, and participates as a partner in a variety of other programs administered through other county agencies. The Partnership has also been the start up resource for initiatives that have gone on to secure their own 501(c)3 such as Great Mines Health Center and the Washington County Tourism Board.

In 2008, the Partnership directly administered or leveraged a total of \$1,452,805 to Washington County on the Caring Community base funding of \$83,241. That is \$17.46 for each CC dollar invested.



Local \$ Investment
In-Kind
Other State/Fed Funding
CC Flexible \$

The Partnership: Working together to make a better community for families in Washington County.